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| Fill in this information to identify your case: | | |
|---|-------------------------------|-----------------------------------|
| United States Bankruptcy Court for the: | | |
| NORTHERN DISTRICT OF ILLINOIS | _ | |
| Case number (if known) | Chapter you are filing under: | |
| | Chapter 7 | |
| | ☐ Chapter 11 | |
| | ☐ Chapter 12 | |
| | ☐ Chapter 13 | ☐ Check if this an amended filing |

Official Form 101

Voluntary Petition for Individuals Filing for Bankruptcy

12/15

The bankruptcy forms use you and Debtor 1 to refer to a debtor filing alone. A married couple may file a bankruptcy case together—called a *joint case*—and in joint cases, these forms use you to ask for information from both debtors. For example, if a form asks, "Do you own a car," the answer would be yes if either debtor owns a car. When information is needed about the spouses separately, the form uses *Debtor 1* and *Debtor 2* to distinguish between them. In joint cases, one of the spouses must report information as *Debtor 1* and the other as *Debtor 2*. The same person must be *Debtor 1* in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

| Pa | rt 1: Identify Yourself | | |
|----|--|--|---|
| | | About Debtor 1: | About Debtor 2 (Spouse Only in a Joint Case): |
| 1. | Your full name | | |
| | Write the name that is on your government-issued picture identification (for example, your driver's license or passport). Bring your picture identification to your meeting with the trustee. | Kevin First name A. Middle name Mathews Last name and Suffix (Sr., Jr., II, III) | Dana First name M. Middle name Mathews Last name and Suffix (Sr., Jr., II, III) |
| 2. | All other names you have used in the last 8 years Include your married or maiden names. | | |
| 3. | Only the last 4 digits of your Social Security number or federal Individual Taxpayer Identification number (ITIN) | xxx-xx-3187 | xxx-xx-3046 |

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Debtor 1 Kevin A. Mathews
Debtor 2 Dana M. Mathews

Case number (if known)

| | | About Debtor 1: | About Debtor 2 (Spouse Only in a Joint Case): | | | |
|----|---|---|---|--|--|--|
| 4. | Any business names and Employer Identification Numbers (EIN) you have used in the last 8 years Include trade names and doing business as names | ■ I have not used any business name or EINs. Business name(s) | ■ I have not used any business name or EINs. Business name(s) | | | |
| | doing business as names | EINs | EINs | | | |
| 5. | Where you live | | If Debtor 2 lives at a different address: | | | |
| | | 2315 Carpenter Ave. Plainfield, IL 60586 Number, Street, City, State & ZIP Code Kendall | Number, Street, City, State & ZIP Code | | | |
| | | County | County | | | |
| | | If your mailing address is different from the one above, fill it in here. Note that the court will send any notices to you at this mailing address. | If Debtor 2's mailing address is different from yours, fill it in here. Note that the court will send any notices to this mailing address. | | | |
| | | Number, P.O. Box, Street, City, State & ZIP Code | Number, P.O. Box, Street, City, State & ZIP Code | | | |
| 6. | Why you are choosing this district to file for bankruptcy Over the last 180 days before filing this petition, I have lived in this district longer than in any other district. I have another reason. Explain. (See 28 U.S.C. § 1408.) | | Check one: Over the last 180 days before filing this petition, I have lived in this district longer than in any other district. I have another reason. Explain. (See 28 U.S.C. § 1408.) | | | |

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| | otor 1 Kevin A. Mathews Dana M. Mathews | | | | - | Case number (if known) | |
|-----|--|---|-------------------------------|---|--|---|--|
| Par | Tell the Court About | Your Bankru | ıptcy Ca | se | | | |
| 7. | The chapter of the Bankruptcy Code you are | Check one. (For a brief description of each, see Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)). Also, go to the top of page 1 and check the appropriate box. | | | | | |
| | choosing to file under | ■ Chapter | r 7 | | | | |
| | | ☐ Chapter 11 | | | | | |
| | | ☐ Chapter | r 12 | | | | |
| | | ☐ Chapter | r 13 | | | | |
| 8. | How you will pay the fee | abou order | t how yo . If your | u may pay. Typically, if you are | e paying the fee y | ck with the clerk's office in your local court for more details yourself, you may pay with cash, cashier's check, or money half, your attorney may pay with a credit card or check with | |
| | | | | the fee in installments. If you e in Installments (Official Form | | ion, sign and attach the Application for Individuals to Pay | |
| | | ☐ I request but is applied | uest tha not reques to you | t my fee be waived (You may uired to, waive your fee, and m ur family size and you are unab | request this option ay do so only if yole to pay the fee | on only if you are filing for Chapter 7. By law, a judge may, your income is less than 150% of the official poverty line that in installments). If you choose this option, you must fill out icial Form 103B) and file it with your petition. | |
| 9. | Have you filed for | ■ No. | | | | | |
| 0. | bankruptcy within the last 8 years? | ☐ Yes. | | | | | |
| | | | District | | When | Case number | |
| | | | District | | When | Case number | |
| | | | District | | When | Case number | |
| 10. | Are any bankruptcy cases pending or being | ■ No | | | | | |
| | filed by a spouse who is not filing this case with you, or by a business partner, or by an affiliate? | ☐ Yes. | | | | | |
| | | | Debtor | | | Relationship to you | |
| | | | District | | When | Case number, if known | |
| | | | Debtor | | | Relationship to you | |
| | | | District | | When | Case number, if known | |
| 11. | Do you rent your residence? | ■ No. | Go to li | ine 12. | | | |
| | . Joseph Committee Committ | ☐ Yes. | Has yo | ur landlord obtained an eviction | n judgment again | st you and do you want to stay in your residence? | |
| | | | | No. Go to line 12. | | | |
| | | | | Yes. Fill out Initial Statement | About an Eviction | Judgment Against You (Form 101A) and file it with this | |

bankruptcy petition.

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Kevin A. Mathews

| Deb | otor 2 Dana M. Mathews | | | | Case number (if known) | | |
|-----|---|---|---|-----------------------------------|---|--|--|
| | | | | | | | |
| Par | t 3: Report About Any Bu | sinesses | You Own | as a Sole Proprie | tor | | |
| 12. | Are you a sole proprietor | | | | | | |
| | of any full- or part-time business? | ■ No. | Go to | Part 4. | | | |
| | | ☐ Yes. | Name | and location of bus | siness | | |
| | A sole proprietorship is a business you operate as | | Name | of business, if any | | | |
| | an individual, and is not a separate legal entity such as a corporation, partnership, or LLC. | | | | | | |
| | If you have more than one sole proprietorship, use a | | Numb | er, Street, City, Sta | te & ZIP Code | | |
| | separate sheet and attach it to this petition. | | Check | k the appropriate bo | ox to describe your business: | | |
| | | | | Health Care Busin | ness (as defined in 11 U.S.C. § 101(27A)) | | |
| | | | | Single Asset Real | Estate (as defined in 11 U.S.C. § 101(51B)) | | |
| | | | | Stockbroker (as d | lefined in 11 U.S.C. § 101(53A)) | | |
| | | | | Commodity Broke | er (as defined in 11 U.S.C. § 101(6)) | | |
| | | | | None of the above | е | | |
| 13. | Are you filing under Chapter 11 of the Bankruptcy Code and are you a small business debtor? | If you are filing under Chapter 11, the court must know whether you are a small business debtor so that it can set appeared deadlines. If you indicate that you are a small business debtor, you must attach your most recent balance sheet, state operations, cash-flow statement, and federal income tax return or if any of these documents do not exist, follow the print 11 U.S.C. 1116(1)(B). | | | a small business debtor, you must attach your most recent balance sheet, statement of | | |
| | For a definition of small | ■ No. | I am n | I am not filing under Chapter 11. | | | |
| | business debtor, see 11 U.S.C. § 101(51D). | □ No. | I am filing under Chapter 11, but I am NOT a small business debtor according to the definition in the Bankrup Code. | | | | |
| | | ☐ Yes. | I am fi | ling under Chapter | 11 and I am a small business debtor according to the definition in the Bankruptcy Code. | | |
| Par | t 4: Report if You Own or | Have Any | / Hazardo | us Property or An | y Property That Needs Immediate Attention | | |
| 14. | Do you own or have any | ■ No. | | | | | |
| | property that poses or is alleged to pose a threat | ☐ Yes. | | | | | |
| | of imminent and | | What is t | the hazard? | | | |
| | identifiable hazard to public health or safety? | | | | | | |
| | Or do you own any | | If immediate attention is | | | | |
| | property that needs immediate attention? | | | why is it needed? | | | |
| | For example, do you own perishable goods, or livestock that must be fed, or a building that needs | Where is | s the property? | | | | |
| | urgent repairs? | | | | Number, Street, City, State & Zip Code | | |
| | | | | | | | |

Debtor 1

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| Debtor 2 | Dana M. Mathews | Case number (if known) | |
|----------|------------------|------------------------|--|
| Debtor 1 | Kevin A. Mathews | · · | |

Part 5: Explain Your Efforts to Receive a Briefing About Credit Counseling

Tell the court whether you have received a briefing about credit counseling.

The law requires that you receive a briefing about credit counseling before you file for bankruptcy. You must truthfully check one of the following choices. If you cannot do so, you are not eligible to file

If you file anyway, the court can dismiss your case, you will lose whatever filing fee you paid, and your creditors can begin collection activities again.

About Debtor 1:

You must check one:

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy. If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

□ I am not required to receive a briefing about credit counseling because of:

☐ Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

] Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

☐ Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver credit counseling with the court.

About Debtor 2 (Spouse Only in a Joint Case):

You must check one:

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

□ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

□ I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

| I am not required to receive a briefing about credit |
|--|
| counseling because of: |

☐ Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

☐ Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

☐ Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court. Case 17-34954 Doc 1 Filed 11/22/17 Entered 11/22/17 11:18:15 Desc Main Document Page 6 of 65

| | otor 2 Dana M. Mathews | | | Ca | ase numbe | er (if known) | | |
|---|---|--|---|--|-------------------------------------|---|--|--|
| Par | t 6: Answer These Questi | ons for Repo | orting Purposes | | | | | |
| | What kind of debts do you have? | 16a. A r | | | | ined in 11 U.S.C. § 101(8) as "incurred by an | | |
| | | | ☐ No. Go to line 16b. | | | | | |
| | | - | Yes. Go to line 17. | | | | | |
| | | | Are your debts primarily business debts? Business debts are debts that you incurred to obtain money for a business or investment or through the operation of the business or investment. | | | | | |
| | | | No. Go to line 16c. | | | | | |
| | | | Yes. Go to line 17. | | | | | |
| | | 16c. St | ate the type of debts you owe th | at are not consumer debts | or busine | ss debts | | |
| 17. | Are you filing under Chapter 7? | □ No. I a | nm not filing under Chapter 7. Go | to line 18. | | | | |
| Do you estimate that after any exempt property is excluded and administrative expenses | | area. | I am filing under Chapter 7. Do you estimate that after any exempt property is excluded and administrative expenses are paid that funds will be available to distribute to unsecured creditors? | | | | | |
| are paid that funds will be available for distribution to unsecured creditors? | | No Yes | | | | | | |
| 18. | How many Creditors do you estimate that you owe? | ■ 1-49 □ 50-99 □ 100-199 □ 200-999 | | ☐ 1,000-5,000 ☐ 5001-10,000 ☐ 10,001-25,000 | | ☐ 25,001-50,000 ☐ 50,001-100,000 ☐ More than100,000 | | |
| 19. | How much do you estimate your assets to be worth? | \$0 - \$50,0 \$50,001 - \$100,001 | - \$100,000 - \$500,000 | □ \$1,000,001 - \$10 millio □ \$10,000,001 - \$50 mi □ \$50,000,001 - \$100 m □ \$100,000,001 - \$500 r | llion illion | ☐ \$500,000,001 - \$1 billion ☐ \$1,000,000,001 - \$10 billion ☐ \$10,000,000,001 - \$50 billion ☐ More than \$50 billion | | |
| 20. | How much do you estimate your liabilities to be? | □ \$0 - \$50,0 □ \$50,001 ■ \$100,001 □ \$500,001 | - \$100,000 - \$500,000 | □ \$1,000,001 - \$10 millio □ \$10,000,001 - \$50 mi □ \$50,000,001 - \$100 m □ \$100,000,001 - \$500 m | llion illion | ☐ \$500,000,001 - \$1 billion ☐ \$1,000,000,001 - \$10 billion ☐ \$10,000,000,001 - \$50 billion ☐ More than \$50 billion | | |
| Par | 7: Sign Below | | | | | | | |
| | you | I have exam | ined this petition, and I declare ι | under penalty of perjury tha | t the infor | mation provided is true and correct. | | |
| | | | | | | , under Chapter 7, 11,12, or 13 of title 11, hoose to proceed under Chapter 7. | | |
| | | If no attorney represents me and I did not pay or agree to pay someone who is not an attorney to help me fill out this document, I have obtained and read the notice required by 11 U.S.C. § 342(b). | | | | | | |
| | | I request reli | ef in accordance with the chapte | er of title 11, United States | Code, spe | ecified in this petition. | | |
| | | | | | | or property by fraud in connection with a years, or both. 18 U.S.C. §§ 152, 1341, 1519, | | |
| | | | | Dana M | a M. Mat I. Mather e of Debto | ws | | |
| | | Executed on | November 20, 2017 | Executed | | ovember 20, 2017 // / DD / YYYY | | |

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| 5 1 | Marila A. Marilanna | Document | Page 7 of 65 | | |
|----------------------|--|--|-------------------------------|------------------------|-------------------------------|
| Debtor 1 Debtor 2 | Kevin A. Mathews Dana M. Mathews | | | ase number (if known) | |
| | | | | | |
| • | attorney, if you are ted by one | I, the attorney for the debtor(s) named in this under Chapter 7, 11, 12, or 13 of title 11, Unit for which the person is eligible. I also certify the second | ed States Code, and have | explained the relief a | vailable under each chapter |
| • | e not represented by ey, you do not need s page. | and, in a case in which § 707(b)(4)(D) applies schedules filed with the petition is incorrect. | s, certify that I have no kno | owledge after an inqui | y that the information in the |
| | | /s/ Stuart B. Handelman | Date | November 20, | 2017 |
| | | Signature of Attorney for Debtor | | MM / DD / YYYY | |
| | | Stuart B. Handelman Printed name | | | |
| | | The Law Offices of Stuart B. Handelm | an, P.C. | | |
| | | 200 S. Michigan Avenue, Suite 205 | | | |
| | | Chicago, IL 60604 | | | |
| | | Number, Street, City, State & ZIP Code | | | |

6195779Bar number & State

Email address

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| Debi Debi | or 1 Kevin A. Mathews or 2 Dana M. Mathews | | | Ca | se number (# know | n) |
|--------------|---|-------------------------------|--|--|---|---|
| Part | 6: Answer These Questi | one for Repo | rting Purposes | | | |
| 16. | What kind of debte do you have? | 16a. Ar | e your debts primarily con | nsumer debts? Consumer deb inal, family, or household purpo | ts are defined in 1 | 1 U.S.C. § 101(8) as "Incurred by an |
| | | | No. Go to line 16b. | | | |
| | | | Yes. Go to line 17. | | | |
| | | 16b. Ar | e your debts primarily but anay for a business or inves | siness debte? Business debts timent or through the operation | are debis that you of the business or | ı incurred to obtain Investmant. |
| | | | No. Go to line 16c. | | | |
| | | | Yes. Go to line 17. | | | |
| | | 16c. St | ale the type of debts you ow | we that are not consumer debts | or business debts | |
| 17. | Are you filing under Chapter 7? | □ No. 18 | m not filling under Chapter 1 | 7. Go to line 18. | | |
| | Do you estimate that efter any exempt property is excluded and administrative expensee are paid that funds will be available for distribution to unsecured creditors? | er les, an | m filing under Chapter 7. De e paid that funds will be ava No Yes | o you estimate that after any ex iliable to distribute to unsecured | empt property is e I creditors? | excluded and administrative expense: |
| 18. | How many Creditors do | 1 1-49 | | ☐ 1,000-5,000 | | J 25,001-50,000 |
| | you estimate that you owe? | □ 50-99 | | 5001-10,000 | <u> </u> | 360,001-100,000 |
| | • | □ 100-199 □ 200-999 | | ☐ 10,001-25,000 | . [| ☑ Mare than100,000 |
| 19. | How much do you | D \$0 - \$50, | 000 | □ \$1,000,001 - \$10 milli | on [| ⊒ \$600,000,001 - \$1 billion |
| | estimate your assets to be worth? | \$50,001 - \$100,000 | | □ \$10,000,001 - \$50 m | _ | 3 \$1,000,000,001 - \$10 billion |
| | | ■ \$100,001 □ \$500,001 | - \$500,000 - \$1 millen | □ \$50,000,001 - \$100 m □ \$100,000,001 - \$500 | | ☐ \$10,000,000,001 - \$50 billion ☐ More than \$50 billion |
| 20. | How much do you | \$0 - \$50, | | □ \$1,000,001 - \$10 milli | | ⊒ \$500,000,001 - \$1 billion |
| | estimate your liebilities to be? | \$50,001 | • | □ \$10,000,001 - \$50 m | | 31,000,000,001 - \$10 billion |
| | | \$100,001 | • | □ \$50,000,001 - \$100 m □ \$100,000,001 - \$500 | _ | ☐ \$10,000,000,001 - \$50 billion ☐ More than \$50 billion |
| | | \$500,001 | - \$1 million | | | |
| Par | Sign Below | | | | | |
| For | you | I have exam | ined this petition, and I deci | lare under penalty of perjury the | at the information | provided is true end correct. |
| | | If I have cho United State | sen to file under Chapter 7, is Code. I understand the re | , i am aware that i may proceed Hief avallable under each chapt | l, if eligible, under er, and i choose t | Chapter 7, 11,12, or 13 of title 11, o proceed under Chapter 7. |
| | | | | ot pay or agree to pay someone e notice required by 11 U.S.C. § | | tomey to help me fill out this |
| | | I request rel | lef in accordance with the c | hapter of title 11, United States | Code, specified in | n this pelition. |
| | | bankruptcy and 3571. | case can result in fines up t | concealing property, or obtaining \$250,000, or imprisonment for | ng money or proper r up to 20 years, o | erty by fraud in connection with a par both. 18 U.S.C. §§ 152-1341, 151 |
| | | Kevin A. A Signature of | | | i. Mathewa re of Debtor 2 | |
| | | Executed or | November 20, 2017 MM / DD / YYYY | Execute | MM / DD / | er 20, 2017 YYYY |

| Fill in this informa | tion to identify your c | 186: | | | |
|----------------------|--|------------------------|--|---|---|
| Debtor 1 | Kevin A. Mathews | | | | |
| | First Name | Middle Name | Last Name | | |
| Debtor 2 | Dana M. Mathews | Middle Name | Lest Nerrie | | |
| (Spause if, filing) | PESI NOMO | ***** | | | |
| United States Bank | ruptcy Court for the: | NORTHERN DISTRIC | CT OF ILLINOIS | | |
| Case number | | | | | |
| (If known) | | | | 0 | Check if this is an |
| | | | | | emended filing |
| | | | | | |
| | | | • | | |
| Official Form | 106Dec | | | | |
| | | n Individus | al Debtor's Sch | edules | 12/15 |
| Deciarati | UII ADUUL A | II III ai via ac | DODIO: 0 00 | | |
| Managed ass | nin ese fillme togothor | both am agually res | ponsible for supplying correc | t Information. | |
| | | | | | |
| obtaining money of | form whenever you fill or property by fraud in U.S.C. §§ 152, 1341, 19 | connection with a ba | les or amended schedules. M enkruptcy case can result in fi | aking a false statement, co ines up to \$250,000, or imp | oncealing property, or orisonment for up to 20 |
| • | ••• | | | | |
| | | | | | |
| Sign | Below | | | | |
| Did you pay | or agree to pay some | one who is NOT an at | itorney to help you fill out ban | kruptcy forms? | |
| ■ No | | | | | |
| E Vos Ne | ame of person | | | Attach Bankruptcy P | etition Preparer's Notice, |
| ☐ 162. IN | allie of beison | | | Declaration, and Sig | nature (Official Form 119) |
| | | | | | |
| Under penalt | y of perjury, I declare tgue and correct. | that I have read the s | ummary and schedules filed v | with this decigration and | |
| 11 | Alek- | | | Description of the second | |
| × Le | Mento | <u> </u> | × | de la | |
| P10 1111 7 1 | . Mathews | | | | |
| Signature | e of Debtor 1 | | Signature of De | EUWI & | |

Date November 20, 2017

Date November 20, 2017

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| Deblor 1 Kevin A. Mathews | Case number (# known) |
|--|---|
| Debtor 2 Dana M. Mathewa | Odea (Mindel (Findam) |
| Part 12: Sign Below | |
| are true and correct. I understand that making | Financial Affairs and any attachments, and I declare under penalty of perjury that the answers g a false statement, concealing property, or obtaining money or property by fraud in connection to \$250,000, or imprisonment for up to 20 years, or both. |
| Kevin A. Mathews | Dana M. Mathews |
| Signature of Debtor 1 | 8ignature of Debtor 2 |
| Date November 20, 2017 | Date November 20, 2017 |
| Did you attach additional pages to Your State | ement of Financial Affairs for Individuals Filing for Bankruptcy (Official Form 107)? |
| ■ No | |
| ☐ Yes | |
| Did you pay or agree to pay someone who is | not an attorney to help you fill out bankruptcy forms? |
| No | |
| - · • • - | skruptev Pettion Prenarer's Notice, Declaration, and Skrupture (Official Form 119). |

Bost Casa Bankruptcy

11/21/20**7**ase**117-134954**Ps Doc 1 Filed 11/22/17 Entered 11/22/1^(FAX) 1:18:15 Desc Main Document Page 11 of 65

| Debtor 1 Kevin A. Mathews Debtor 2 Dana M. Mathews | Case number (II known) |
|--|--|
| Description of teased Property: | □ No |
| | ☐ Yes |
| Lessor's name: Description of leased | □ No |
| Property: | ☐ Yes |
| Lessor's name: Description of lessed | □ No |
| Property: | Yes |
| Lessor's name: Description of leased | □ No |
| Property: | ☐ Yes |
| Lessor's name: Description of lessed | □ No |
| Property: | ☐ Yes |
| Part 3: Sign Below | |
| Under penalty of perjury, I declare that I have indicated my intention a property that is subject to an unexpired lease. | about any property of my estate that secures a debt and any personal |
| x finflatt | X R |
| Kevin A. Mathews Signature of Debtor 1 | Dana M. Mathews Signature of Debtor 2 |
| Date November 20, 2017 | Date November 20, 2017 |

United States Bankruptcy Court Northern District of Illinois

| In re | Dana M. Mathews | | Case No. | |
|-------|---|--|-----------------|---------------------------|
| | | Debtor(s) | — Chapter | 7 |
| | VI | ERIFICATION OF CREDITOR MA | ATRIX | |
| | | Number of (| Creditors: | 23 |
| | The above-named Debtor(s (our) knowledge. |) hereby verifies that the list of credito | ors is true and | correct to the best of my |
| Date: | November 20, 2017 | Kevin A. Mathews | > | |
| Date: | November 20, 2017 | Signature of Debtor Dana M. Mathews | | |

Signature of Debtor

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| | | Docume | <u>ni Page 13 oi 65</u> | |
|---------------------|-------------------------|-------------------|-------------------------|--|
| Fill in this inforr | mation to identify your | case: | | |
| Debtor 1 | Kevin A. Mathews | 5 | | |
| | First Name | Middle Name | Last Name | |
| Debtor 2 | Dana M. Mathews | ; | | |
| Spouse if, filing) | First Name | Middle Name | Last Name | |
| Jnited States Ba | nkruptcy Court for the: | NORTHERN DISTRICT | OF ILLINOIS | |
| Case number _ | | | | |

☐ Check if this is an amended filing

Official Form 106Sum

Summary of Your Assets and Liabilities and Certain Statistical Information

2/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file your original forms, you must fill out a new *Summary* and check the box at the top of this page.

| | Your a | ecate |
|--|--|---|
| | | of what you own |
| Schedule A/B: Property (Official Form 106A/B) 1a. Copy line 55, Total real estate, from Schedule A/B | \$ | 174,900.00 |
| 1b. Copy line 62, Total personal property, from Schedule A/B | \$ | 11,736.00 |
| 1c. Copy line 63, Total of all property on Schedule A/B | \$ | 186,636.00 |
| t 2: Summarize Your Liabilities | | |
| | | abilities It you owe |
| Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D) 2a. Copy the total you listed in Column A, Amount of claim, at the bottom of the last page of Part 1 of Schedule D | \$ | 150,089.00 |
| Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F) 3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of Schedule E/F | \$ | 0.00 |
| 3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of Schedule E/F | \$ | 82,355.11 |
| Your total liabilities | \$ | 232,444.11 |
| t 3: Summarize Your Income and Expenses | | |
| Schedule I: Your Income (Official Form 106I) Copy your combined monthly income from line 12 of Schedule I | \$ | 4,166.55 |
| Schedule J: Your Expenses (Official Form 106J) Copy your monthly expenses from line 22c of Schedule J | \$ | 4,069.00 |
| t 4: Answer These Questions for Administrative and Statistical Records | | |
| Are you filing for bankruptcy under Chapters 7, 11, or 13? No. You have nothing to report on this part of the form. Check this box and submit this form to the court with you | r other sc | hedules. |
| ■ Yes What kind of debt do you have? | | |
| | 1a. Copy line 55, Total real estate, from Schedule A/B | Schedule A/B: Property (Official Form 106A/B) 1a. Copy line 55, Total real estate, from Schedule A/B |

Official Form 106Sum

Summary of Your Assets and Liabilities and Certain Statistical Information

Your debts are not primarily consumer debts. You have nothing to report on this part of the form. Check this box and submit this form to

page 1 of 2

the court with your other schedules.

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| | | Document | Page 14 of 65 | |
|----------|------------------|----------|------------------------|--|
| | Kevin A. Mathews | | · · | |
| Debtor 2 | Dana M. Mathews | | Case number (if known) | |

8. **From the** *Statement of Your Current Monthly Income*: Copy your total current monthly income from Official Form 122A-1 Line 11; **OR**, Form 122B Line 11; **OR**, Form 122C-1 Line 14.

6,422.54

9. Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:

| | Total cl | aim |
|--|----------|-----------|
| From Part 4 on Schedule E/F, copy the following: | | |
| 9a. Domestic support obligations (Copy line 6a.) | \$ | 0.00 |
| 9b. Taxes and certain other debts you owe the government. (Copy line 6b.) | \$ | 0.00 |
| 9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.) | \$ | 0.00 |
| 9d. Student loans. (Copy line 6f.) | \$ | 36,076.00 |
| 9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.) | \$ | 0.00 |
| 9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.) | +\$ | 0.00 |
| 9g. Total. Add lines 9a through 9f. | \$ | 36,076.00 |

| | Plainfield City Kendal County | IL State | ZIP Code | ☐ Time ☐ Othe Who has ar ☐ Debt ☐ Debt | stment propostate share r interest if or 1 only or 2 only | in the property? Check one | | 0.00 ure of you ple, tenan | Current value of the cortion you own? \$174,900.00 r ownership interest cy by the entireties, or |
|---------------------|--|---|---|--|---|--|--|----------------------------------|---|
| | City | | | Inves Inves Time Othe Who has ar Debt | stment prop share r interest i | | \$174,90 Describe the nat (such as fee sim a life estate), if k | 0.00 ure of you ple, tenan | \$174,900.00 r ownership interest |
| | | | | ☐ Inves | stment pro | perty | entire property? | I | oortion you own? |
| | | | | ☐ Man | ufactured o | or mobile home | Command value of | | |
| | Street address, if | f available, or other descrip | tion | Dupl | ex or multi | unit building or cooperative | the amount of any | secured o | laims on Schedule D: Secured by Property. |
| 1.1 | 2315 Carpe | enter Ave. | | _ | property? | Check all that apply | Do not deduct sec | cured claim | s or exemptions. Put |
| . D | | ave any legal or equit | | | | and, or similar property? | | | |
| hink nfor nsv | it fits best. Be mation. If more ver every quest | e as complete and acc space is needed, atta tion. | curate as possible ach a separate sh | e. If two marrie neet to this for | ed people m. On the | are filing together, both are top of any additional pages or Have an Interest In | equally responsibl | e for supp | lying correct |
| Sc | chedule | rm 106A/B e A/B: Pro | <u> </u> | an assat only o | ance If ar | asset fits in more than one | catagory list the | assat in th | 12/15 |
| Cas | se number | | | | | | | | Check if this is an amended filing |
| Uni | ted States Bar | nkruptcy Court for th | e: NORTHER | N DISTRICT | OF ILLIN | OIS | | | |
| | otor 2 use, if filing) | Dana M. Mathe | | Name | | Last Name | | | |
| | otor 1 | Kevin A. Mather | ews Middle | Name | | Last Name | | | |
| Deb | in this inform | nation to identify yo | our case and th | is filing: | | | | | |
| | | | | Docume | nt | Page 15 of 65 | 7 11:18:15 | Desc | |

2. Add the dollar value of the portion you own for all of your entries from Part 1, including any entries for pages you have attached for Part 1. Write that number here.....=>

\$174,900.00

Part 2: Describe Your Vehicles

Do you own, lease, or have legal or equitable interest in any vehicles, whether they are registered or not? Include any vehicles you own that someone else drives. If you lease a vehicle, also report it on Schedule G: Executory Contracts and Unexpired Leases.

Official Form 106A/B Schedule A/B: Property page 1

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| Debt | | ana M. Matl | | | Case number (if known) | |
|------------|-----------------|----------------------------------|--------------------------------------|---|--|---|
| B. Ca | rs, vans, | trucks, tract | ors, sport utility ve | hicles, motorcycles | | |
| | No | | | | | |
| | Yes | | | | | |
| | | Mozdo | | | Do not deduct secu | ured claims or exemptions. Put |
| 3.1 | Make: | Mazda Mazda3 | | Who has an interest in the property? Check one | the amount of any | secured claims on Schedule D: |
| | Model: Year: | 2004 | | ☐ Debtor 1 only ☐ Debtor 2 only | Creditors who Hav | ve Claims Secured by Property. |
| | | nate mileage: | 120,000 | ■ Debtor 1 and Debtor 2 only | Current value of t entire property? | he Current value of the portion you own? |
| | | formation: | | ☐ At least one of the debtors and another | chare property. | portion you own: |
| | | on: 2315 Ca eld IL 60586 | rpenter Ave., | ☐ Check if this is community property (see instructions) | \$1,496 | .00 \$1,496.00 |
| | | Pontiac | | | Do not deduct secu | ured claims or exemptions. Put |
| 3.2 | Make: | Torrent | | Who has an interest in the property? Check one | the amount of any | secured claims on Schedule D: |
| | Model: | 2006 | | Debtor 1 only | Creditors Who Hav | ve Claims Secured by Property. |
| | Year: | | 160 000 | ■ Debtor 2 only | Current value of t | |
| | | nate mileage: formation: | 160,000 | ☐ Debtor 1 and Debtor 2 only ☐ At least one of the debtors and another | entire property? | portion you own? |
| | Location | | rpenter Ave., | Check if this is community property (see instructions) | \$925 | .00 \$925.00 |
| | | | | n for all of your entries from Part 2, includin | | \$2,421.00 |
| .pa | ages you | have attache | ed for Part 2. Write | that number here | => | Ψ2,421.00 |
| Part 3 | | | nal and Household Ite | | | |
| Do y | ou own o | or have any le | egal or equitable in | terest in any of the following items? | | Current value of the portion you own? Do not deduct secured claims or exemptions. |
| E: | xamples: No | | urnishings ces, furniture, linens | , china, kitchenware | | |
| | Yes. De | scribe | | | | |
| | | | two night stand | couch, one futon, one coffee table, one s, chest, patio set Carpenter Ave., Plainfield IL 60586 | tv stands, | \$500.00 |
| <i>E</i> ; | No | Televisions ar including cell | | eo, stereo, and digital equipment; computers, predia players, games | rinters, scanners; music co | ollections; electronic devices |
| | res. De | scribe | | | | |
| | | | | cell phones, one laptop, one printer | | \$400.00 |

Official Form 106A/B Schedule A/B: Property page 2

Case 17-34954 Doc 1 Filed 11/22/17 Entered 11/22/17 11:18:15 Desc Main Document Page 17 of 65 Debtor 1 Kevin A. Mathews Debtor 2 Dana M. Mathews Case number (if known) 8. Collectibles of value Examples: Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; stamp, coin, or baseball card collections; other collections, memorabilia, collectibles ■ No ☐ Yes. Describe..... 9. Equipment for sports and hobbies Examples: Sports, photographic, exercise, and other hobby equipment; bicycles, pool tables, golf clubs, skis; canoes and kayaks; carpentry tools; musical instruments ■ No ☐ Yes. Describe..... 10. Firearms Examples: Pistols, rifles, shotguns, ammunition, and related equipment ■ No ☐ Yes. Describe..... 11. Clothes Examples: Everyday clothes, furs, leather coats, designer wear, shoes, accessories □ No Yes. Describe..... Clothing \$100.00 Location: 2315 Carpenter Ave., Plainfield IL 60586 Examples: Everyday jewelry, costume jewelry, engagement rings, wedding rings, heirloom jewelry, watches, gems, gold, silver ■ No ☐ Yes. Describe..... 13. Non-farm animals Examples: Dogs, cats, birds, horses □ No ■ Yes. Describe..... \$0.00 Two dogs, one cat 14. Any other personal and household items you did not already list, including any health aids you did not list ■ No ☐ Yes. Give specific information..... 15. Add the dollar value of all of your entries from Part 3, including any entries for pages you have attached \$1,000.00 for Part 3. Write that number here Part 4: Describe Your Financial Assets Do you own or have any legal or equitable interest in any of the following? Current value of the portion you own? Do not deduct secured claims or exemptions. 16. Cash Examples: Money you have in your wallet, in your home, in a safe deposit box, and on hand when you file your petition □ No

Cash

Yes.....

\$40.00

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| | | Kevin A. Mathew Dana M. Mathew | | Case number (ii | f known) |
|-----|------------------------------|--|---|--|-----------------------------------|
| 17. | | | | accounts; certificates of deposit; shares in credit unions, bro unts with the same institution, list each. | kerage houses, and other similar |
| | | | | Institution name: | |
| | | 17 | 7.1. Checking | PNC Bank | \$700.00 |
| | | 17 | 7.2. Savings | PNC | \$75.00 |
| 18. | | | ublicly traded stocks | s n brokerage firms, money market accounts | |
| | ■ No □ Yes | | Institution or issu | uer name: | |
| 19. | Non-pub joint ver ■ No | licly traded stock a nture | and interests in inco tion about them Name of entity: | orporated and unincorporated businesses, including an | |
| 20. | Negotial Non-neg ■ No | ole instruments inclu | bonds and other not de personal checks, are those you canno | egotiable and non-negotiable instruments cashiers' checks, promissory notes, and money orders. It transfer to someone by signing or delivering them. | |
| 21. | | ent or pension acco es: Interests in IRA, I | | k), 403(b), thrift savings accounts, or other pension or profit- | sharing plans |
| | Yes. Lis | st each account sep Ty | parately. ype of account: | Institution name: | |
| | | IR | RA | Merill Lynch | \$5,000.00 |
| 22. | Your sha Example No | | oosits you have made | e so that you may continue service or use from a company ent, public utilities (electric, gas, water), telecommunications Institution name or individual: | companies, or others |
| 23. | Annuities No | s (A contract for a p | eriodic payment of m | noney to you, either for life or for a number of years) | |
| | Yes | Issuer i | name and description | n. | |
| 24. | | in an education IR §§ 530(b)(1), 529A | | a qualified ABLE program, or under a qualified state tui | tion program. |
| | ☐ Yes | Instituti | ion name and descrip | ption. Separately file the records of any interests.11 U.S.C. \S | § 521(c): |
| | ■ No | | | y (other than anything listed in line 1), and rights or pow | vers exercisable for your benefit |
| | | ive specific informa | tion about them | | |
| | Dotonto | copyrights, traden | | | |

Case 17-34954 Doc 1 Filed 11/22/17 Entered 11/22/17 11:18:15 Desc Main Document Page 19 of 65 Debtor 1 Kevin A. Mathews Debtor 2 Dana M. Mathews Case number (if known) 27. Licenses, franchises, and other general intangibles Examples: Building permits, exclusive licenses, cooperative association holdings, liquor licenses, professional licenses ☐ Yes. Give specific information about them... Money or property owed to you? Current value of the portion you own? Do not deduct secured claims or exemptions. 28. Tax refunds owed to you □ No Yes. Give specific information about them, including whether you already filed the returns and the tax years...... Estimated tax Refunds Federal and State \$2,500.00 29. Family support Examples: Past due or lump sum alimony, spousal support, child support, maintenance, divorce settlement, property settlement ☐ Yes. Give specific information..... 30. Other amounts someone owes you Examples: Unpaid wages, disability insurance payments, disability benefits, sick pay, vacation pay, workers' compensation, Social Security benefits; unpaid loans you made to someone else ■ No ☐ Yes. Give specific information.. 31. Interests in insurance policies Examples: Health, disability, or life insurance; health savings account (HSA); credit, homeowner's, or renter's insurance □ No Yes. Name the insurance company of each policy and list its value. Company name: Beneficiary: Surrender or refund value: Term \$0.00 32. Any interest in property that is due you from someone who has died If you are the beneficiary of a living trust, expect proceeds from a life insurance policy, or are currently entitled to receive property because someone has died. No ☐ Yes. Give specific information.. 33. Claims against third parties, whether or not you have filed a lawsuit or made a demand for payment Examples: Accidents, employment disputes, insurance claims, or rights to sue ■ No

☐ Yes. Describe each claim.......

34. Other contingent and unliquidated claims of every nature, including counterclaims of the debtor and rights to set off claims

■ No

☐ Yes. Describe each claim.......

35. Any financial assets you did not already list

No

☐ Yes. Give specific information..

Add the dollar value of all of your entries from Part 4, including any entries for pages you have attached for Part 4. Write that number here.....

\$8,315.00

Case 17-34954 Doc 1 Filed 11/22/17 Entered 11/22/17 11:18:15 Desc Main Page 20 of 65 Document Kevin A. Mathews Debtor 1 Debtor 2 Dana M. Mathews Case number (if known) Part 5: Describe Any Business-Related Property You Own or Have an Interest In. List any real estate in Part 1. 37. Do you own or have any legal or equitable interest in any business-related property? No. Go to Part 6. ☐ Yes. Go to line 38. Describe Any Farm- and Commercial Fishing-Related Property You Own or Have an Interest In. If you own or have an interest in farmland, list it in Part 1. 46. Do you own or have any legal or equitable interest in any farm- or commercial fishing-related property? No. Go to Part 7. ☐ Yes. Go to line 47. Part 7: Describe All Property You Own or Have an Interest in That You Did Not List Above 53. Do you have other property of any kind you did not already list? Examples: Season tickets, country club membership No ☐ Yes. Give specific information....... 54. Add the dollar value of all of your entries from Part 7. Write that number here \$0.00 List the Totals of Each Part of this Form Part 8: 55. Part 1: Total real estate, line 2 \$174,900.00 Part 2: Total vehicles, line 5 \$2,421.00 57. Part 3: Total personal and household items, line 15 \$1,000.00 58. Part 4: Total financial assets, line 36 \$8,315.00 Part 5: Total business-related property, line 45 59. \$0.00 60. Part 6: Total farm- and fishing-related property, line 52 \$0.00 Part 7: Total other property not listed, line 54 \$0.00

\$11,736.00

63. Total of all property on Schedule A/B. Add line 55 + line 62

Total personal property. Add lines 56 through 61...

\$186,636.00

\$11,736.00

Copy personal property total

Official Form 106A/B Schedule A/B: Property page 6

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| | | 1700.11111 | III PAUE / 1 01 03 | |
|---------------------|--------------------------|-------------------|--------------------|--------------------------------------|
| Fill in this infor | mation to identify your | case: | | |
| Debtor 1 | Kevin A. Mathews | S | | |
| | First Name | Middle Name | Last Name | |
| Debtor 2 | Dana M. Mathews | 5 | | |
| (Spouse if, filing) | First Name | Middle Name | Last Name | |
| United States Ba | ankruptcy Court for the: | NORTHERN DISTRICT | OF ILLINOIS | |
| Case number | | | | |
| (if known) | | | | ☐ Check if this is an amended filing |

Official Form 106C

Schedule C: The Property You Claim as Exempt

4/16

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on *Schedule A/B: Property* (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of *Part 2: Additional Page* as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

- 1. Which set of exemptions are you claiming? Check one only, even if your spouse is filing with you.
 - You are claiming state and federal nonbankruptcy exemptions. 11 U.S.C. § 522(b)(3)
 - ☐ You are claiming federal exemptions. 11 U.S.C. § 522(b)(2)
- 2. For any property you list on Schedule A/B that you claim as exempt, fill in the information below.

| Brief description of the property and line on Schedule A/B that lists this property | Current value of the portion you own | Amo | ount of the exemption you claim | Specific laws that allow exemption |
|---|--------------------------------------|-----|---|------------------------------------|
| | Copy the value from Schedule A/B | Che | eck only one box for each exemption. | |
| 2315 Carpenter Ave. Plainfield, IL 60586 Kendal County | \$174,900.00 | • | \$30,000.00 | 735 ILCS 5/12-901 |
| Line from Schedule A/B: 1.1 | | | 100% of fair market value, up to any applicable statutory limit | |
| 2004 Mazda Mazda3 120,000 miles | \$1,496.00 | | \$2,400.00 | 735 ILCS 5/12-1001(c) |
| Location: 2315 Carpenter Ave., Plainfield IL 60586 Line from Schedule A/B: 3.1 | | | 100% of fair market value, up to any applicable statutory limit | |
| 2006 Pontiac Torrent 160,000 miles | \$925.00 | | \$2,400.00 | 735 ILCS 5/12-1001(c) |
| Location: 2315 Carpenter Ave., Plainfield IL 60586 Line from Schedule A/B: 3.2 | | | 100% of fair market value, up to any applicable statutory limit | |
| two beds, one couch, one futon, one coffee table, one tv stands, two night | \$500.00 | | \$500.00 | 735 ILCS 5/12-1001(b) |
| stands, chest, patio set Location: 2315 Carpenter Ave., Plainfield IL 60586 Line from Schedule A/B: 6.1 | | | 100% of fair market value, up to any applicable statutory limit | |

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Dana M. Mathews Case number (if known) Debtor 2 Brief description of the property and line on Current value of the Amount of the exemption you claim Specific laws that allow exemption Schedule A/B that lists this property portion you own Copy the value from Check only one box for each exemption. Schedule A/B Three tvs, two cell phones, one 735 ILCS 5/12-1001(b) \$400.00 \$400.00 laptop, one printer Location: 2315 Carpenter Ave., 100% of fair market value, up to Plainfield IL 60586 any applicable statutory limit Line from Schedule A/B: 7.1 Clothing 735 ILCS 5/12-1001(a) \$100.00 \$100.00 Location: 2315 Carpenter Ave., Plainfield IL 60586 100% of fair market value, up to any applicable statutory limit Line from Schedule A/B: 11.1 Cash 735 ILCS 5/12-1001(b) \$40.00 \$40.00 Line from Schedule A/B: 16.1 100% of fair market value, up to any applicable statutory limit **Checking: PNC Bank** 735 ILCS 5/12-1001(b) \$700.00 \$700.00 Line from Schedule A/B: 17.1 100% of fair market value, up to any applicable statutory limit Savings: PNC 735 ILCS 5/12-1001(b) \$75.00 \$75.00 Line from Schedule A/B: 17.2 100% of fair market value, up to any applicable statutory limit IRA: Merill Lynch 735 ILCS 5/12-1006 100% \$5,000.00 Line from Schedule A/B: 21.1 П 100% of fair market value, up to any applicable statutory limit Federal and State: Estimated tax 735 ILCS 5/12-1001(b) \$2,500.00 \$2,500.00 Refunds Line from Schedule A/B: 28.1 100% of fair market value, up to any applicable statutory limit Are you claiming a homestead exemption of more than \$160,375? (Subject to adjustment on 4/01/19 and every 3 years after that for cases filed on or after the date of adjustment.) Yes. Did you acquire the property covered by the exemption within 1,215 days before you filed this case? No П

Yes

Kevin A. Mathews

Debtor 1

| | Case 1 | .7-34954 | Doc 1 Filed 11/22/17 Document | Entered | 11/22/17 11:1 | 8:15 Desc M | 1ain |
|----------------|--|-----------------------|---|-----------------|---|--|-----------------------------|
| Filli | in this information | to identify you | | 1 71111. 733 | | | |
| Deb | tor 1 Ke | vin A. Mathev | vs | | | | |
| | | t Name | Middle Name | Last Name | | | |
| | | na M. Mathew | /S Middle Name | Last Name | | | |
| | ed States Bankrupto | | | | | | |
| Offic | eu States Bankrupti | cy Court for the. | NORTHERN DISTRICT OF IEEE | 1013 | | | |
| Cas (if kno | e number | | | | | _ | if this is an led filing |
| | icial Form 100 hedule D: 0 | | Who Have Claims S | Secured | by Property | 1 | 12/15 |
| s nee numb | eded, copy the Additi per (if known). any creditors have c | ional Page, fill it o | | this form. On | the top of any additiona | al pages, write your na | |
| | _ | | nis form to the court with your other s | chedules. You | u have nothing else to | report on this form. | |
| | Yes. Fill in all of | the information b | pelow. | | | | |
| Part | List All Secu | ured Claims | | | | | |
| | | | nore than one secured claim, list the credi | | Column A | Column B | Column C |
| | h as possible, list the o | claims in alphabetion | a particular claim, list the other creditors i cal order according to the creditor's name. | | Amount of claim Do not deduct the value of collateral. | Value of collateral that supports this claim | Unsecured portion If any |
| 2.1 | Wells Fargo Ho Mortgage Inc. | ome | Describe the property that secures the | e claim: | \$150,089.00 | \$174,900.00 | \$0.00 |
| | Creditor's Name | | 2315 Carpenter Ave. Plainfield 60586 Kendal County | d, IL | | | |
| | P.O. Box 10335 Des Moines, IA 50306-0335 | | As of the date you file, the claim is: Chapply. Contingent | heck all that | | | |
| | Number, Street, City, Str | ate & Zip Code | ☐ Unliquidated | | | | |
| Who | o owes the debt? Ch | neck one. | ☐ Disputed Nature of lien. Check all that apply. | | | | |
| | Debtor 1 only Debtor 2 only | | ☐ An agreement you made (such as mo car loan) | ortgage or secu | red | | |
| _ | Debtor 1 and Debtor 2 | only | ☐ Statutory lien (such as tax lien, mech | nanic's lien) | | | |
| ПА | at least one of the debt | ors and another | ☐ Judgment lien from a lawsuit | | | | |
| | Check if this claim rel community debt | ates to a | Other (including a right to offset) | Mortgage | | | |
| Date | debt was incurred | 2016 | Last 4 digits of account numbe | er 2788 | | | |

Add the dollar value of your entries in Column A on this page. Write that number here:

If this is the last page of your form, add the dollar value totals from all pages.

Write that number here:

\$150,089.00

Part 2: List Others to Be Notified for a Debt That You Already Listed

Use this page only if you have others to be notified about your bankruptcy for a debt that you already listed in Part 1. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the creditor in Part 1, and then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Part 1, list the additional creditors here. If you do not have additional persons to be notified for any debts in Part 1, do not fill out or submit this page.

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| Ü | 43C 11 0+30+ B | Document | Page 24 of 65 | o.10 Best Main |
|---|---|---|---|---|
| Fill in this info | rmation to identify your ca | | | |
| Debtor 1 | Kevin A. Mathews | | | |
| 200101 | First Name | Middle Name | Last Name | |
| Debtor 2 | Dana M. Mathews | | | |
| (Spouse if, filing) | First Name | Middle Name | Last Name | |
| United States B | sankruptcy Court for the: | NORTHERN DISTRICT OF IL | LINOIS | |
| Case number | | | | |
| (if known) | | | | Check if this is an |
| | | | | amended filing |
| Official For | m 106E/F | | | |
| Schedule | E/F: Creditors Wh | o Have Unsecured | Claims | 12/15 |
| Schedule G: Exec Schedule D: Cred left. Attach the Co | cutory Contracts and Unexpire litors Who Have Claims Secur | ed Leases (Official Form 106G). I ed by Property. If more space is | list executory contracts on Schedule A/B: Do not include any creditors with partially needed, copy the Part you need, fill it out eport in a Part, do not file that Part. On the | secured claims that are listed in t, number the entries in the boxes on the |
| Part 1: List | All of Your PRIORITY Unse | ecured Claims | | |
| | itors have priority unsecured | claims against you? | | |
| No. Go to | Part 2. | | | |
| ☐ Yes. | | | | |
| Part 2: List | All of Your NONPRIORITY | Unsecured Claims | | |
| 3. Do any credi | itors have nonpriority unsecu | red claims against you? | | |
| ☐ No. You h | ave nothing to report in this part | . Submit this form to the court with | your other schedules. | |
| Yes. | | | | |
| unsecured cla | aim, list the creditor separately for | or each claim. For each claim listed | he creditor who holds each claim. If a cred d, identify what type of claim it is. Do not list have more than three nonpriority unsecured | claims already included in Part 1. If more |
| | | | | Total claim |
| 4.1 Advan | ced Urology Associate | S Last 4 digits of acc | count number 1890 | \$781.76 |
| 1541 F | rity Creditor's Name Riverboat Center Drive | When was the deb | nt incurred? | |
| | IL 60431 Street City State Zlp Code | As of the date you | file, the claim is: Check all that apply | |
| | curred the debt? Check one. | As of the date you | The, the claim is. Check all that apply | |
| _ | or 1 only | ☐ Contingent | | |
| ☐ Debte | • | ☐ Unliquidated | | |
| | or 1 and Debtor 2 only | ☐ Disputed | | |
| _ | ast one of the debtors and anoth | | RITY unsecured claim: | |
| _ | ck if this claim is for a commu | | | |
| debt | aim subject to offset? | _ | ing out of a separation agreement or divorce aims | that you did not |
| ■ No | | ☐ Debts to pension | n or profit-sharing plans, and other similar de | ebts |
| □ Yes | | Other Specify | Medical Bills | |

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| Dana M. Mathews | Case number (if know) | |
|--|---|---------------|
| American Anesthesiology Assoc of | Last 4 digits of account number 3332 | \$48.96 |
| Nonpriority Creditor's Name PO Box 88087 | Last 4 digits of account number 3332 When was the debt incurred? | ∓40.30 |
| Chicago, IL 60680 Number Street City State Zlp Code | As of the date you file, the claim is: Check all that apply | |
| Who incurred the debt? Check one. | , a control and grain so contain that apply | |
| ■ Debtor 1 only | ☐ Contingent | |
| ☐ Debtor 2 only | ☐ Unliquidated | |
| ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | |
| ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured claim: | |
| ☐ Check if this claim is for a community | ☐ Student loans | |
| debt Is the claim subject to offset? | ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims | |
| No | \square Debts to pension or profit-sharing plans, and other similar debts | |
| Yes | Other. Specify Medical Bills | |
| American Anesthesiology Assoc of | | 450.00 |
| Nonpriority Creditor's Name | Last 4 digits of account number 3332 | \$53.96 |
| PO Box 88087 Chicago, IL 60680 | When was the debt incurred? | |
| Number Street City State Zlp Code Who incurred the debt? Check one. | As of the date you file, the claim is: Check all that apply | |
| ■ Debtor 1 only | ☐ Contingent | |
| ☐ Debtor 2 only | ☐ Unliquidated | |
| ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | |
| \square At least one of the debtors and another | Type of NONPRIORITY unsecured claim: | |
| ☐ Check if this claim is for a community | ☐ Student loans | |
| debt Is the claim subject to offset? | ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims | |
| ■ No | \square Debts to pension or profit-sharing plans, and other similar debts | |
| Yes | ■ Other. Specify Medical Bills | |
| American Express | Last 4 digits of account number 1003 | \$596.54 |
| Nonpriority Creditor's Name Box 0001 | When was the debt incurred? | |
| Los Angeles, CA 90096-0001 Number Street City State Zlp Code | As of the date you file the claim is: Check all that apply | |
| Who incurred the debt? Check one. | As of the date you file, the claim is: Check all that apply | |
| Debtor 1 only | ☐ Contingent | |
| ■ Debtor 2 only | ☐ Unliquidated | |
| Debtor 1 and Debtor 2 only | ☐ Disputed | |
| ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured claim: | |
| ☐ Check if this claim is for a community | ☐ Student loans | |
| debt Is the claim subject to offset? | Obligations arising out of a separation agreement or divorce that you did not report as priority claims | |
| No | ☐ Debts to pension or profit-sharing plans, and other similar debts | |
| Yes | Other. Specify Charge Account | |
| □ 103 | Utner. Specify Office Account | |

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| Debto | Dana M. Mathews | Case number (if know) | |
|-------|--|---|------------|
| 4.5 | Amsburg Surgery Center | Last 4 digits of account number 6007 | \$166.25 |
| | Nonpriority Creditor's Name 998 129th Infantry DR. Joliet, IL 60435 | When was the debt incurred? | |
| | Number Street City State Zlp Code Who incurred the debt? Check one. | As of the date you file, the claim is: Check all that apply | |
| | Debtor 1 only | ☐ Contingent | |
| | Debtor 2 only | ☐ Unliquidated | |
| | ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured claim: | |
| | ☐ Check if this claim is for a community | ☐ Student loans | |
| | debt Is the claim subject to offset? | ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims | |
| | ■ No | ☐ Debts to pension or profit-sharing plans, and other similar debts | |
| | Yes | ■ Other. Specify Medical Bills | |
| 4.6 | Associate Pathologists of Joliet LT | Last 4 digits of account number 2766 | \$36.91 |
| | Nonpriority Creditor's Name 39784 Treasury Ctr. Chicago, IL 60694-9700 | When was the debt incurred? | |
| | Number Street City State Zlp Code | As of the date you file, the claim is: Check all that apply | |
| | Who incurred the debt? Check one. | | |
| | ■ Debtor 1 only | ☐ Contingent | |
| | ☐ Debtor 2 only | ☐ Unliquidated | |
| | ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured claim: | |
| | ☐ Check if this claim is for a community | ☐ Student loans | |
| | debt Is the claim subject to offset? | ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims | |
| | ■ No | \square Debts to pension or profit-sharing plans, and other similar debts | |
| | Yes | Other. Specify Medical Bills | |
| .7 | Barclaycard | Last 4 digits of account number 6469 | \$8,173.05 |
| | Nonpriority Creditor's Name P.O. Box 13337 Philadelphia, PA 19101-3337 | When was the debt incurred? | |
| | Number Street City State Zlp Code | As of the date you file, the claim is: Check all that apply | |
| | Who incurred the debt? Check one. | • | |
| | ☐ Debtor 1 only | ☐ Contingent | |
| | ☐ Debtor 2 only | ☐ Unliquidated | |
| | ■ Debtor 1 and Debtor 2 only | ☐ Disputed | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured claim: | |
| | ☐ Check if this claim is for a community | ☐ Student loans | |
| | debt Is the claim subject to offset? | \square Obligations arising out of a separation agreement or divorce that you did not report as priority claims | |
| | No | \square Debts to pension or profit-sharing plans, and other similar debts | |
| | Yes | Other. Specify Credit Card | |

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Debtor 1 Kevin A. Mathews

| Debtor 2 Dana M. Mathews | | Case number (if know) | | |
|--------------------------|--|---|-----------------|--|
| 4.8 | Best Buy Credit Services | Last 4 digits of account number 2152 | \$1,355.18 | |
| | Nonpriority Creditor's Name P.O. Box 78009 Phoenix, AZ 85062-8009 | When was the debt incurred? | | |
| | Number Street City State Zlp Code Who incurred the debt? Check one. | As of the date you file, the claim is: Check all that apply | | |
| | Debtor 1 only | ☐ Contingent | | |
| | ■ Debtor 2 only | ☐ Unliquidated | | |
| | Debtor 1 and Debtor 2 only | □ Disputed | | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured claim: | | |
| | Check if this claim is for a community | ☐ Student loans | | |
| | debt Is the claim subject to offset? | ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims | | |
| | ■ No | ☐ Debts to pension or profit-sharing plans, and other similar debts | | |
| | Yes | ■ Other. Specify Credit Card | | |
| 4.9 | Best Buy Credit Services | Last 4 digits of account number 1918 | \$3,680.32 | |
| | Nonpriority Creditor's Name P.O. Box 78009 Phoenix, AZ 85062-8009 | When was the debt incurred? | | |
| | Number Street City State Zlp Code | As of the date you file, the claim is: Check all that apply | | |
| | Who incurred the debt? Check one. | • , | | |
| | ■ Debtor 1 only | ☐ Contingent | | |
| | Debtor 2 only | ☐ Unliquidated | | |
| | Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured claim: | | |
| | ☐ Check if this claim is for a community | ☐ Student loans | | |
| | debt Is the claim subject to offset? | ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims | | |
| | ■ No | ☐ Debts to pension or profit-sharing plans, and other similar debts | | |
| | Yes | ■ Other. Specify Credit Card | | |
| 4.1 | 0% (0.11 - 1.7 | DDAY | * 400.00 | |
| 0 | City of Oakbrook Terrace Nonpriority Creditor's Name | Last 4 digits of account number BP1Y | \$100.00 | |
| | PO Box 6702 | When was the debt incurred? | | |
| | Carol Stream, IL 60197 Number Street City State Zlp Code | As of the date you file, the claim is: Check all that apply | | |
| | Who incurred the debt? Check one. | , | | |
| | ☐ Debtor 1 only | ☐ Contingent | | |
| | Debtor 2 only | □ Unliquidated | | |
| | ■ Debtor 1 and Debtor 2 only | □ Disputed | | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured claim: | | |
| | ☐ Check if this claim is for a community | ☐ Student loans | | |
| | debt | ☐ Obligations arising out of a separation agreement or divorce that you did not | | |
| | Is the claim subject to offset? | report as priority claims | | |
| | ■ No | Debts to pension or profit-sharing plans, and other similar debts | | |
| | Yes | ■ Other. Specify Red Light Ticket | | |

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| Debto Debto | r 1 Kevin A. Mathews r 2 Dana M. Mathews | Case number (if know) | |
|----------------|---|---|-------------|
| 4.1 1 | Digestive Health Associates, P.C. | Last 4 digits of account number 3652 | \$110.81 |
| | Nonpriority Creditor's Name 1100 Houbolt Road Joliet, IL 60431-9063 | When was the debt incurred? | |
| | Number Street City State Zlp Code | As of the date you file, the claim is: Check all that apply | |
| | Who incurred the debt? Check one. | | |
| | Debtor 1 only | ☐ Contingent | |
| | Debtor 2 only | ☐ Unliquidated | |
| | ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured claim: | |
| | ☐ Check if this claim is for a community | ☐ Student loans | |
| | debt Is the claim subject to offset? | \square Obligations arising out of a separation agreement or divorce that you did not report as priority claims | |
| | No | ☐ Debts to pension or profit-sharing plans, and other similar debts | |
| | Yes | Other. Specify Medical Bills | |
| 4.1 | Digestive Health Associates, P.C. Nonpriority Creditor's Name | Last 4 digits of account number 3652 | \$110.81 |
| | 1100 Houbolt Road Joliet, IL 60431-9063 | When was the debt incurred? | |
| | Number Street City State Zlp Code Who incurred the debt? Check one. | As of the date you file, the claim is: Check all that apply | |
| | Debtor 1 only | ☐ Contingent | |
| | Debtor 2 only | ☐ Unliquidated | |
| | Debtor 1 and Debtor 2 only | □ Disputed | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured claim: | |
| | ☐ Check if this claim is for a community | ☐ Student loans | |
| | debt Is the claim subject to offset? | \square Obligations arising out of a separation agreement or divorce that you did not report as priority claims | |
| | ■ No | ☐ Debts to pension or profit-sharing plans, and other similar debts | |
| | Yes | ■ Other. Specify Medical Bills | |
| 4.1 | Discover | Last 4 digits of account number 8806 | \$14,802.83 |
| | Nonpriority Creditor's Name P.O. Box 6103 | When was the debt incurred? | |
| | Carol Stream, IL 60197-6103 Number Street City State Zlp Code | As of the date you file, the claim is: Check all that apply | |
| | Who incurred the debt? Check one. | As of the date you me, the diam is. Oneck an that apply | |
| | Debtor 1 only | ☐ Contingent | |
| | ■ Debtor 2 only | ☐ Unliquidated | |
| | Debtor 1 and Debtor 2 only | ☐ Disputed | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured claim: | |
| | | Student loans | |
| | ☐ Check if this claim is for a community debt Is the claim subject to offset? | ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims | |
| | ■ No | Debts to pension or profit-sharing plans, and other similar debts | |
| | ☐ Yes | ■ Other. Specify Credit Card | |
| | | — Outer, Specify | |

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| Debtor 1 Debtor 2 | Kevin A. Mathews Dana M. Mathews | | Case number (if know) | |
|----------------------|---|--|---|----------|
| - I | Dupage Medical Group | Last 4 digits of account number | 5987 | \$24.36 |
| | Nonpriority Creditor's Name 15921 Collections Center Drive Chicago, IL 60693-0159 | When was the debt incurred? | | |
| _ | Number Street City State Zlp Code | As of the date you file, the claim | is: Check all that apply | |
| | Who incurred the debt? Check one. | _ | | |
| | Debtor 1 only | Contingent | | |
| | Debtor 2 only | Unliquidated | | |
| | Debtor 1 and Debtor 2 only | Disputed | | |
| | At least one of the debtors and another | Type of NONPRIORITY unsecured | d claim: | |
| | ☐ Check if this claim is for a community debt | ☐ Student loans ☐ Obligations arising out of a sepa | ration agreement or divorce that you did not | |
| | Is the claim subject to offset? | report as priority claims | · | |
| | No | Debts to pension or profit-sharing | | |
| | Yes | Other. Specify Medical Bil | <u>ls</u> | |
| 4.1 5 | EMP of Will County, LLC | Last 4 digits of account number | 6385 | \$222.52 |
| | Nonpriority Creditor's Name ATTN # 18922N P.O. Box 14000 | When was the debt incurred? | | |
| | Belfast, ME 04915-4033 | | | |
| | Number Street City State Zlp Code Who incurred the debt? Check one. | As of the date you file, the claim | is: Check all that apply | |
| | Debtor 1 only | ☐ Contingent | | |
| | Debtor 2 only | ☐ Unliquidated | | |
| | Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| | At least one of the debtors and another | Type of NONPRIORITY unsecured | d claim: | |
| | ☐ Check if this claim is for a community | ☐ Student loans | | |
| | debt Is the claim subject to offset? | ☐ Obligations arising out of a separeport as priority claims | aration agreement or divorce that you did not | |
| | ■ No | Debts to pension or profit-sharing | g plans, and other similar debts | |
| | ☐ Yes | Other. Specify Medical Bil | ls | |
| | Joliet Radiological Serv Corp. | Last 4 digits of account number | 4031 | \$25.51 |
| | Nonpriority Creditor's Name 36910 Treasury Court Chicago, IL 60694-6900 | When was the debt incurred? | | |
| _ | Number Street City State Zlp Code Who incurred the debt? Check one. | As of the date you file, the claim i | is: Check all that apply | |
| | Debtor 1 only | ☐ Contingent | | |
| | Debtor 2 only | ☐ Unliquidated | | |
| | Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured | d claim: | |
| | ☐ Check if this claim is for a community | ☐ Student loans | | |
| | debt Is the claim subject to offset? | Obligations arising out of a separeport as priority claims | ration agreement or divorce that you did not | |
| | ■ No | Debts to pension or profit-sharing | g plans, and other similar debts | |
| | ☐ Yes | Other. Specify Medical Bil | ls | |

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| Debtor Debtor | 1 Kevin A. Mathews 2 Dana M. Mathews | | Case number (if know) | |
|------------------|--|--|--|------------|
| 4.1 7 | Kohl's | Last 4 digits of account number | 3632 | \$282.90 |
| | Nonpriority Creditor's Name P.O. Box 2983 | When was the debt incurred? | | |
| | Milwaukee, WI 53201-2983 | When was the dept incurred? | | |
| | Number Street City State ZIp Code | As of the date you file, the claim | s: Check all that apply | |
| | Who incurred the debt? Check one. | | | |
| | Debtor 1 only | ☐ Contingent | | |
| | ☐ Debtor 2 only | ☐ Unliquidated | | |
| | ■ Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| | \square At least one of the debtors and another | Type of NONPRIORITY unsecure | d claim: | |
| | ☐ Check if this claim is for a community | ☐ Student loans | | |
| | debt Is the claim subject to offset? | Obligations arising out of a separeport as priority claims | ration agreement or divorce that you did not | |
| | ■ No | Debts to pension or profit-sharing | g plans, and other similar debts | |
| | ☐ Yes | Other. Specify Credit card | | |
| 4.1 | Navient | Last 4 digits of account number | 1008 | \$5,310.00 |
| <u> </u> | Nonpriority Creditor's Name | _ | | |
| | P.O. Box 9655 | When was the debt incurred? | | |
| | Wilkes Barre, PA 18773 Number Street City State Zlp Code | As of the date you file, the claim | s: Check all that apply | |
| | Who incurred the debt? Check one. | 7.5 67 67.6 | o. oo a a.a. app., | |
| | ■ Debtor 1 only | ☐ Contingent | | |
| | Debtor 2 only | ☐ Unliquidated | | |
| | ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecure | d claim: | |
| | ☐ Check if this claim is for a community | ■ Student loans | | |
| | debt | | ration agreement or divorce that you did not | |
| | Is the claim subject to offset? | report as priority claims | | |
| | No | Debts to pension or profit-sharing | g plans, and other similar debts | |
| | Yes | Other. Specify | | |
| | | Student Lo | an | |
| 4.1 9 | Navient Nonpriority Creditor's Name | Last 4 digits of account number | | \$6,126.00 |
| | P.O. Box 9655 Wilkes Barre, PA 18773 | When was the debt incurred? | | |
| | Number Street City State Zlp Code Who incurred the debt? Check one. | As of the date you file, the claim | s: Check all that apply | |
| | ■ Debtor 1 only | ☐ Contingent | | |
| | Debtor 2 only | ☐ Unliquidated | | |
| | Debtor 1 and Debtor 2 only | Disputed | | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecure | d claim: | |
| | ☐ Check if this claim is for a community | Student loans | | |
| | debt | Obligations arising out of a sepa | ration agreement or divorce that you did not | |
| | Is the claim subject to offset? | report as priority claims | <u> </u> | |
| | ■ No | Debts to pension or profit-sharing | g plans, and other similar debts | |
| | Yes | Other. Specify | | |
| | | Student Lo | an | |

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| Navient | Debto | or 2 Dana M. Mathews | Case number (if know) | |
|--|-------|---|---|------------|
| Norpriority Creditor's Name P.O. Box 9500 Wilkes Barre, P.A 18773 Number Street City State 2 Conference Pobletor 1 and Debtor 2 only Debtor 1 only Debtor 1 only Debtor 1 only Debtor 2 only Debtor 1 only Debtor 1 only Debtor 1 only Debtor 2 only Debtor 1 only Debtor 1 only Debtor 1 only Debtor 2 only Debtor 1 only Debtor 1 only Debtor 1 only Debtor 2 only Debtor 1 only Debtor 1 only Debtor 1 only Debtor 2 only Debtor 1 only Debtor 1 only Debtor 1 only Debtor 2 only Debtor 1 only Debtor 1 only Debtor 1 only Debtor 2 only Debtor 1 only Debtor 1 only Debtor 1 only Debtor 2 only Debtor 1 only Debtor 1 only Debtor 2 only Debtor 1 only Debtor 1 only Debtor 1 only Debtor 2 only Debtor 1 only Debtor 2 only Debtor 1 only Debtor 1 only Debtor 2 only Debtor 1 only Debtor 1 only Debtor 2 only Debtor 2 only Debtor 2 only Debtor 1 only Debtor 2 only Debtor 3 only 5 only | | Navient | Last 4 digits of account number 0122 | \$3,725.00 |
| Wilkes Barre, PA 18773 Number Sirect City State Lip Code Who incurred the debt? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only Debtor 1 and Debtor 2 only Debtor 3 by Part 1 least one of the debtors and another Debtor 2 only Debtor 3 by Part 1 least one of the debtors and another Debtor 2 only Debtor 3 by Part 1 least one of the debtors and another Debtor 2 only Debtor 3 by Part 2 Debtor 3 by Part 3 | | • • | | |
| Number Street City State Zip Code Number Incurred the debt? Check one. Debtor 1 only Debtor 1 and Debtor 2 only Unfailudated Disputed Student Loan Debtor 1 and Debtor 3 only Debtor 1 and Debtor 2 only Unfailudated Disputed Disput | | | When was the debt incurred? | |
| Who incurred the debt? Check one. Contingent Unliquidated Debter 1 and Debter 2 only Debter 1 only Debter 1 only Debter 2 only Debter 1 and Debter 2 only Debter 1 per 2 only Debter 2 only Debter 2 only Debter 3 only 1 and Debter 2 only Debter 1 only Debter 2 only Debter 3 only 1 and Debter 2 only Debter 1 only Debter 2 only Debter 1 only Debter 3 only 1 and Debter 2 only Debter 3 only 1 and Debter 2 only Debter 3 only 1 and Debter 2 only Debter 4 only Debter 5 only Debter 5 only Debter 6 only Debter 7 only Debter 6 only Debter 8 only Debter 8 only Debter 9 only | | | As of the date you file the claim is: Cheek all that each | |
| Debtor 1 only Debtor 2 only Debtor 2 only Debtor 3 and Debtor 2 only Debtor 4 and Debtor 2 only Debtor 4 and Debtor 6 and 5 only Debtor 4 and Debtor 6 only Debtor 6 only Debtor 6 only Debtor 7 only Debtor 7 only Debtor 7 only Debtor 1 only Debtor 2 only Debtor 1 only Debtor 2 only Debtor 1 only Debtor 2 only Debtor 1 only Debtor 3 only Debtor 1 only Debtor 1 only Debtor 1 only Debtor 2 only Debtor 1 only Debtor 1 only Debtor 1 only Debtor 2 only Debtor 1 only Debtor 1 only Debtor 1 only Debtor 2 only Debtor 1 only Debtor 1 only Debtor 1 only Debtor 2 only Debtor 1 only Debtor 2 only Debtor 1 only Debtor 3 only Debtor 1 only Debtor 1 only Debtor 1 only Debtor 2 only Debtor 1 only Debtor 2 only Debtor 1 only Debtor 3 only Debtor 1 only Debtor 1 only Debtor 1 only Debtor 2 only Debtor 1 only Debtor 2 only Debtor 1 only De | | • | As of the date you me, the claim is. Check all that apply | |
| Debtor 1 and Debtor 2 only Debtor 1 and Debtor 2 only Debtor 1 and Debtor 3 only Debtor 1 and Debtor 2 only Debtor 1 only Debtor 1 only Debtor 1 only Debtor 2 only Debtor 2 only Debtor 5 only Yes Debtor 1 only Debtor 2 only Debtor 5 only Yes Debtor 1 only Debtor 5 only Debtor 5 only Yes Debtor 1 only Debtor 5 only Yes Debtor 1 only Debtor 5 only Yes Debtor 1 only Debtor 5 only Debtor 5 only Yes Debtor 1 only Debtor 5 only Debtor 5 only Yes Debtor 1 only Debtor 5 only Debtor 5 only Debtor 5 only Debtor 5 only Yes Debtor 5 only Debtor 5 only Debtor 5 only Yes Debtor 5 only Debtor 6 only Debtor | | _ | ☐ Contingent | |
| Debtor 1 and Debtor 2 only | | | | |
| Az least one of the debtors and another Check if this claim is for a community debt | | | | |
| At least one of the debtors and another Check if this claim is for a community debt | | ☐ Debtor 1 and Debtor 2 only | • | |
| Check if this claim is for a community debt Check if this claim is for a community debt Check if this claim subject to offset? Check if this claim subject to offset? Check no. Check if this claim is for a community debt Check no. Check no. Check if this claim is for a community debt Check no. Check if this claim is for a community debt Check no. Chec | | At least one of the debtors and another | <u></u> | |
| Is the claim subject to offset? No No No No No No No No No N | | | | |
| No | | | | |
| Student Loan Navient Noppriority Creditor's Name P.O. Box 9500 Wilkes Barre, PA 18773 Note that elabit is claim is for a community debt Noppriority Creditor's Name P.O. Box 9500 Wilkes Barre, PA 18773 Note of the debtor and another Debtor 1 and Debtor 2 only Debtor 2 only Debtor 1 and Debtor 2 only Debtor 3 only Debtor 3 only Debtor 3 only Debtor 3 only Debtor 4 only Debtor 3 only Debtor 4 only Debtor 4 only Debtor 4 only Debtor 4 only Debtor 5 only Deb | | | <u> </u> | |
| Navient Navient Nonpriority Creditor's Name P.O. Box 9500 Wilkes Barre, PA 18773 Number Street City State Zip Code Who incurred the debt? Check one. Debtor 1 and Debtor 2 only Debtor 1 street claim is for a community debt Debtor 1 street City State Zip Code Debtor 2 only Debtor 1 street City State Zip Code Debtor 2 only Debtor 1 and Debtor 2 only Debtor 1 street City State Zip Code Disputed Type of NoNPRIORITY unsecured claim: Student Loan | | ☐ Yes | Other. Specify | |
| Navient Navient Nonpriority Creditor's Name P.O. Box 9500 Wilkes Barre, PA 18773 Number Street City State Zip Code Who incurred the debt? Check one. Debtor 1 only Debtor 2 only Debtor 4 and Debtor 2 only Debtor 5 only Debtor 5 only Debtor 6 only Debtor 6 only Debtor 6 only Debtor 1 and Debtor 2 only Debtor 1 she claim is for a community debt Is the claim subject to offset? Debts to pension or profit-sharing plans, and other similar debts Nonpriority Creditor's Name P.O. Box 9500 Wilkes Barre, PA 18773 Number Street City State Zip Code Who incurred the debtor 2 only Debtor 1 and Debtor 2 only Debtor 1 and Debtor 2 only Debts to pension or profit-sharing plans, and other similar debts Who incurred the debt? Debtor 1 only Debtor 1 and Debtor 2 only Debtor 1 and Debtor 3 only Debtor 1 and Debto | | | Student Loan | |
| Wilkes Barre, PA 18773 Number Street City State Zip Code Who incurred the debt? Check one. Debtor 1 only | 4.2 | | Last 4 digits of account number 0112 | \$3,855.00 |
| Number Street City State Zip Code Who incurred the debt? Check one. Debtor 1 only | | P.O. Box 9500 | When was the debt incurred? | |
| Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt No No Nopriority Creditor's Name P.O. Box 9500 Wilkes Barre, PA 18773 Number Street City State Zip Code Who incurred the debt? Check one. Debtor 1 only Debtor 1 and Debtor 2 only Debtor 1 and Debtor 2 only Debtor 1 only Debtor 2 only Debtor 1 only Debtor 2 only Debtor 1 only Debtor 3 only Debtor 2 only Debtor 1 only Debtor 1 and Debtor 2 only Debtor 1 state City State Sip Code Who incurred the debtors and another Check if this claim is for a community debt Is the claim subject to offset? No Debtor 1 only Debtor 2 only Debtor 2 only Debtor 2 only Debtor 3 only Debtor 4 only Debtor 5 only Debtor 5 only Debtor 6 only Debtor 6 only Debtor 8 only Debtor 9 only Debtor 9 only Debtor 1 onl | | | As of the date you file, the claim is: Check all that apply | |
| □ Debtor 2 only □ Debtor 1 and Debtor 2 only □ At least one of the debtors and another □ Check if this claim is for a community debt Is the claim subject to offset? □ No □ Yes □ Other. Specify Student Loan No | | Who incurred the debt? Check one. | | |
| □ Debtor 1 and Debtor 2 only □ At least one of the debtors and another □ Check if this claim is for a community debt Is the claim subject to offset? □ Yes □ Other. Specify Student Loan As of the date you file, the claim is: Check all that apply Debtor 1 only □ Debtor 1 only □ Debtor 2 only □ Debtor 1 only □ Debtor 1 only □ Debtor 2 only □ Check if this claim is for a community debt Is the claim subject to offset? □ Other. Specify □ Other. Specify □ Student Loan As of the date you file, the claim is: Check all that apply Contingent □ Debtor 1 only □ Debtor 1 only □ Debtor 2 only □ At least one of the debtors and another □ Check if this claim is for a community debt Is the claim subject to offset? □ No □ Debtor 2 only □ Debtor 3 only □ Disputed Disputed Type of NONPRIORITY unsecured claim: □ Student loans □ Student loans □ Student loans □ Student loans □ Student specific this claim is for a community debt □ Debtor 3 on of the debtors and another □ Check if this claim is for a community debt □ No □ Debtor 5 on offset? □ Check if this claim is for a community debt □ Debtor 5 on offset? □ Check if this claim is for a community debt object to offset? □ Check if this claim is for a community debt object to offset? □ Check if this claim is for a community debt object to offset? □ Check if this claim is for a community debt object to offset? □ Check if this claim is for a community debt object to offset? □ Check if this claim is for a community debt object to offset? □ Check if this claim is for a community debt object to offset? □ Check if this claim is for a community debt object to offset? □ Check if this claim is for a community debt object to offset? □ Check if this claim is for a community debt object to offset? □ Check if this claim is for a community debt object to offset? □ Check if this claim is for a community debt object to offset? □ Check if this claim is for a community debt object to offset? □ Check if this claim is for a community debt object to offset? □ Check if this claim is for a commu | | Debtor 1 only | ☐ Contingent | |
| Type of NONPRIORITY unsecured claim: At least one of the debtors and another Check if this claim is for a community debt Student loans Obligations arising out of a separation agreement or divorce that you did not report as priority claims Other. Specify | | Debtor 2 only | ☐ Unliquidated | |
| At least one of the debtors and another Check if this claim is for a community debt Is the claim subject to offset? No Cyes No Yes No Other. Specify Student Loan Student loans Other. Specify Student Loan Student Loan Student Loan Student Loan Other. Specify Student Loan Student Loan Student Loan Student Loan Student Loan Other. Specify Student Loan Student Loan Student Loan Student Loan Other. Specify Student Loan Other. Specify Student Loan Student Loan Other. Specify Student Loan Other. Specify Other. Sp | | Debtor 1 and Debtor 2 only | ☐ Disputed | |
| Check if this claim is for a community debt Obligations arising out of a separation agreement or divorce that you did not report as priority claims Obligations arising out of a separation agreement or divorce that you did not report as priority claims Obligations arising out of a separation agreement or divorce that you did not report as priority claims Obligations arising out of a separation agreement or divorce that you did not report as priority claims Obligations arising out of a separation agreement or divorce that you did not report as priority claims Obligations arising out of a separation agreement or divorce that you did not report as priority claims Obligations arising out of a separation agreement or divorce that you did not report as priority claims Obligations arising out of a separation agreement or divorce that you did not report as priority claims Obligations arising out of a separation agreement or divorce that you did not report as priority claims Obligations arising out of a separation agreement or divorce that you did not report as priority claims Obligations arising out of a separation agreement or divorce that you did not report as priority claims Obligations arising out of a separation agreement or divorce that you did not report as priority claims Obligations arising out of a separation agreement or divorce that you did not report as priority claims Obligations arising out of a separation agreement or divorce that you did not report as priority claims Obligations arising out of a separation agreement or divorce that you did not report as priority claims Obligations arising out of a separation agreement or divorce that you did not report as priority claims Obligations arising out of a separation agreement or divorce that you did not report as priority claims Obligations arising out of a separation agreement or divorce that you did not report as priority claims Obligations arising out of a separation agreement or divorce that you did not report as pr | | • | Type of NONPRIORITY unsecured claim: | |
| Cobligations arising out of a separation agreement or divorce that you did not report as priority claims No | | | Student loans | |
| Debts to pension or profit-sharing plans, and other similar debts Yes | | debt | | |
| Student Loan Stud | | | | |
| Navient Last 4 digits of account number 0092 \$1,524.00 | | ☐ Yes | ☐ Other. Specify | |
| Nonpriority Creditor's Name P.O. Box 9500 Wilkes Barre, PA 18773 Number Street City State Zlp Code Who incurred the debt? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt Is the claim subject to offset? No No Debts to pension or profit-sharing plans, and other similar debts Ves Ves | | | Student Loan | |
| When was the debt incurred? Wilkes Barre, PA 18773 Number Street City State Zlp Code Who incurred the debt? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt Is the claim subject to offset? No Pobtor 2 only Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts Other. Specify Other. Specify | | | Last 4 digits of account number 0092 | \$1,524.00 |
| Number Street City State ZIp Code Who incurred the debt? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt Is the claim subject to offset? No No Debtor 1 only Debtor 1 only Debtor 2 only Disputed Type of NONPRIORITY unsecured claim: Student loans Debtor 1 only Disputed Type of NONPRIORITY unsecured claim: Student loans Debtor 1 only Disputed Type of NONPRIORITY unsecured claim: Student loans Debtor 1 only Disputed Type of NONPRIORITY unsecured claim: Student loans Debtor 1 only Disputed Type of NONPRIORITY unsecured claim: Student loans Debtor 1 only Disputed Type of NONPRIORITY unsecured claim: Debtor 1 only Disputed Type of NONPRIORITY unsecured claim: Debtor 1 only Disputed Type of NONPRIORITY unsecured claim: Debtor 1 only Disputed Type of NONPRIORITY unsecured claim: Debtor 1 only Disputed Type of NONPRIORITY unsecured claim: Debtor 2 only Disputed Type of NONPRIORITY unsecured claim: Debtor 3 only Debtor 3 only Debtor 4 only Disputed Type of NONPRIORITY unsecured claim: Debtor 4 only Disputed Type of NONPRIORITY unsecured claim: Debtor 5 only Debtor 5 only Debtor 6 only Debtor 6 only Disputed Type of NONPRIORITY unsecured claim: Debtor 6 only Debtor 7 only Disputed Type of NONPRIORITY unsecured claim: Debtor 6 only Debtor 7 only Debtor 7 only Debtor 8 only Debtor 9 only De | | P.O. Box 9500 | When was the debt incurred? | |
| Who incurred the debt? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only Debtor 1 and Debtor 3 only Debtor 1 and Debtor 3 only Disputed Type of NONPRIORITY unsecured claim: Student loans Debtor 1 and Debtor 3 only Disputed Type of NONPRIORITY unsecured claim: Student loans Debtor 1 only Disputed Type of NONPRIORITY unsecured claim: Student loans Debtor 1 only Disputed Type of NONPRIORITY unsecured claim: Debtor 1 only Disputed Type of NONPRIORITY unsecured claim: Debtor 1 only Disputed Type of NONPRIORITY unsecured claim: Debtor 1 only Disputed Type of NONPRIORITY unsecured claim: Debtor 1 only Disputed Type of NONPRIORITY unsecured claim: Debtor 1 only Disputed Type of NONPRIORITY unsecured claim: Debtor 1 only Disputed Type of NONPRIORITY unsecured claim: Debtor 1 only Disputed Type of NONPRIORITY unsecured claim: Debtor 1 only Disputed Type of NONPRIORITY unsecured claim: Debtor 1 only Disputed Type of NONPRIORITY unsecured claim: Debtor 1 only Disputed Type of NONPRIORITY unsecured claim: Debtor 1 only Debtor 1 only Disputed Type of NONPRIORITY unsecured claim: Debtor 1 only Disputed Type of NONPRIORITY unsecured claim: Debtor 1 only Debtor 1 only Disputed Type of NONPRIORITY unsecured claim: Debtor 1 only Debtor 1 only Disputed Type of NONPRIORITY unsecured claim: Debtor 1 only Debtor 1 only Disputed Type of NONPRIORITY unsecured claim: Debtor 1 only Debtor 1 only Disputed Type of NONPRIORITY unsecured claim: Debtor 1 only Debtor 1 only Debtor 1 only Disputed Type of NONPRIORITY unsecured claim: Debtor 1 only Debtor 1 only Debtor 1 only Debtor 1 only Disputed Type of NONPRIORITY unsecured claim: Debtor 1 only Debtor 1 | | | As of the date you file, the claim is: Check all that apply | |
| □ Debtor 2 only □ Debtor 1 and Debtor 2 only □ At least one of the debtors and another □ Check if this claim is for a community debt □ Is the claim subject to offset? □ No □ Yes □ Other. Specify □ Unliquidated □ Disputed Type of NONPRIORITY unsecured claim: □ Student loans □ Obligations arising out of a separation agreement or divorce that you did not report as priority claims □ Debts to pension or profit-sharing plans, and other similar debts □ Other. Specify | | , | | |
| Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt Is the claim subject to offset? No Disputed Type of NONPRIORITY unsecured claim: Student loans Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts Other. Specify | | Debtor 1 only | ☐ Contingent | |
| Type of NONPRIORITY unsecured claim: Check if this claim is for a community debt Is the claim subject to offset? No Debts to pension or profit-sharing plans, and other similar debts Other. Specify | | ☐ Debtor 2 only | ☐ Unliquidated | |
| ☐ Check if this claim is for a community debt Is the claim subject to offset? ☐ No ☐ Yes ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims ☐ Debts to pension or profit-sharing plans, and other similar debts ☐ Other. Specify | | ☐ Debtor 1 and Debtor 2 only | • | |
| debt Obligations arising out of a separation agreement or divorce that you did not report as priority claims No | | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured claim: | |
| debt Is the claim subject to offset? ■ No Debts to pension or profit-sharing plans, and other similar debts □ Yes □ Other. Specify | | ☐ Check if this claim is for a community | Student loans | |
| ■ No □ Debts to pension or profit-sharing plans, and other similar debts □ Yes □ Other. Specify | | debt | | |
| ☐ Yes ☐ Other. Specify | | | | |
| · · · | | | | |
| | | — 100 | Student Loan | |

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| Debt | or 2 Dana M. Mathews | Case number (if know) | |
|----------|--|---|------------|
| 4.2 | Navient | Last 4 digits of account number 0082 | \$1,226.00 |
| | Nonpriority Creditor's Name P.O. Box 9500 | When was the debt incurred? | |
| | Wilkes Barre, PA 18773 Number Street City State Zlp Code | As of the date you file, the claim is: Check all that apply | |
| | Who incurred the debt? Check one. | As of the date you me, the claim is. Check all that apply | |
| | ■ Debtor 1 only | ☐ Contingent | |
| | ☐ Debtor 2 only | ☐ Unliquidated | |
| | ′ | Disputed | |
| | ☐ Debtor 1 and Debtor 2 only | Type of NONPRIORITY unsecured claim: | |
| | ☐ At least one of the debtors and another | ■ Student loans | |
| | ☐ Check if this claim is for a community debt Is the claim subject to offset? | Dobligations arising out of a separation agreement or divorce that you did not report as priority claims | |
| | ■ No | ☐ Debts to pension or profit-sharing plans, and other similar debts | |
| | ☐ Yes | ☐ Other. Specify | |
| | | Student Loan | |
| 1.2 | Novices | 0062 | ¢4.702.00 |
| 4 | Navient Nonpriority Creditor's Name | Last 4 digits of account number 0062 | \$4,723.00 |
| | P.O. Box 9500 Wilkes Barre, PA 18773 | When was the debt incurred? | |
| | Number Street City State Zlp Code | As of the date you file, the claim is: Check all that apply | |
| | Who incurred the debt? Check one. | | |
| | Debtor 1 only | ☐ Contingent | |
| | Debtor 2 only | ☐ Unliquidated | |
| | ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured claim: | |
| | ☐ Check if this claim is for a community | Student loans | |
| | debt Is the claim subject to offset? | ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims | |
| | ■ No | \square Debts to pension or profit-sharing plans, and other similar debts | |
| | ☐ Yes | Other. Specify | |
| | | Student Loan | |
| 4.2 5 | Navient | Last 4 digits of account number | \$3,681.00 |
| | Nonpriority Creditor's Name P.O. Box 9500 Wilkes Barre, PA 18773 | When was the debt incurred? | |
| | Number Street City State ZIp Code Who incurred the debt? Check one. | As of the date you file, the claim is: Check all that apply | |
| | ■ Debtor 1 only | ☐ Contingent | |
| | Debtor 2 only | ☐ Unliquidated | |
| | Debtor 1 and Debtor 2 only | ☐ Disputed | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured claim: | |
| | ☐ Check if this claim is for a community | ■ Student loans | |
| | debt | ☐ Obligations arising out of a separation agreement or divorce that you did not | |
| | Is the claim subject to offset? | report as priority claims | |
| | No | Debts to pension or profit-sharing plans, and other similar debts | |
| | Yes | Other. Specify | |
| | | Student Loan | |

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| Debtor 2 Dana M. Mathews | | Case number (if know) | | |
|--------------------------|--|---|------------|--|
| 4.2 | Navient | Last 4 digits of account number 0032 | \$3,764.00 | |
| | Nonpriority Creditor's Name P.O. Box 9500 | When was the debt incurred? | | |
| | Wilkes Barre, PA 18773 | | | |
| | Number Street City State Zlp Code | As of the date you file, the claim is: Check all that apply | | |
| | Who incurred the debt? Check one. | | | |
| | ■ Debtor 1 only | ☐ Contingent | | |
| | Debtor 2 only | ☐ Unliquidated | | |
| | Debtor 1 and Debtor 2 only | Disputed | | |
| | \square At least one of the debtors and another | Type of NONPRIORITY unsecured claim: | | |
| | ☐ Check if this claim is for a community | Student loans | | |
| | debt Is the claim subject to offset? | \square Obligations arising out of a separation agreement or divorce that you did not report as priority claims | | |
| | ■ No | ☐ Debts to pension or profit-sharing plans, and other similar debts | | |
| | Yes | Other. Specify | | |
| | | Student Loan | | |
| 4.2 | Navient | Last 4 digits of account number 0022 | \$2,142.00 | |
| | Nonpriority Creditor's Name P.O. Box 9500 Wilkes Barre, PA 18773 | When was the debt incurred? | | |
| | Number Street City State Zlp Code | As of the date you file, the claim is: Check all that apply | | |
| | Who incurred the debt? Check one. | | | |
| | Debtor 1 only | ☐ Contingent | | |
| | Debtor 2 only | ☐ Unliquidated | | |
| | ■ Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured claim: | | |
| | ☐ Check if this claim is for a community | Student loans | | |
| | debt | Obligations arising out of a separation agreement or divorce that you did not | | |
| | Is the claim subject to offset? ■ No | report as priority claims ☐ Debts to pension or profit-sharing plans, and other similar debts | | |
| | ☐ Yes | ☐ Other. Specify | | |
| | 163 | Student Loan | | |
| | | | | |
| 4.2 8 | Presence Health | Last 4 digits of account number 7021 | \$418.75 | |
| | Nonpriority Creditor's Name Presence St. Joseph Medical Center PO Box 74008855 | When was the debt incurred? | | |
| | Chicago, IL 60674 | | | |
| | Number Street City State Zlp Code | As of the date you file, the claim is: Check all that apply | | |
| | Who incurred the debt? Check one. | | | |
| | ☐ Debtor 1 only | ☐ Contingent | | |
| | Debtor 2 only | ☐ Unliquidated | | |
| | ■ Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured claim: | | |
| | ☐ Check if this claim is for a community | ☐ Student loans | | |
| | debt | \square Obligations arising out of a separation agreement or divorce that you did not | | |
| | Is the claim subject to offset? | report as priority claims | | |
| | No | ☐ Debts to pension or profit-sharing plans, and other similar debts | | |
| | Yes | ■ Other. Specify Medical Bills | | |

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| Debtor 2 Dana M. Mathews | | Case number (if know) | | |
|--------------------------|---|---|------------|--|
| 4.2 | Dressman Spirit Joseph Medical Ctr | 2624 | ¢424.40 | |
| 9 | Presence Saint Joseph Medical Ctr. Nonpriority Creditor's Name | Last 4 digits of account number 3624 | \$434.40 | |
| | 32814 Collection Center Drive Chicago, IL 60693 | When was the debt incurred? | | |
| | Number Street City State Zlp Code | As of the date you file, the claim is: Check all that apply | | |
| | Who incurred the debt? Check one. | | | |
| | Debtor 1 only | ☐ Contingent | | |
| | Debtor 2 only | ☐ Unliquidated | | |
| | ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured claim: | | |
| | ☐ Check if this claim is for a community | ☐ Student loans | | |
| | debt | ☐ Obligations arising out of a separation agreement or divorce that you did not | | |
| | Is the claim subject to offset? | report as priority claims | | |
| | ■ No | Debts to pension or profit-sharing plans, and other similar debts | | |
| | Yes | ■ Other. Specify Medical Bills | | |
| 4.3 | Presence Saint Joseph Medical Ctr. | Last 4 digits of account number 8332 | \$351.80 | |
| 0 | Nonpriority Creditor's Name | Last 4 digits of account number 8332 | φ331.00 | |
| | P.O. Box 88097 Chicago, IL 60680-1097 | When was the debt incurred? | | |
| | Number Street City State ZIp Code | As of the date you file, the claim is: Check all that apply | | |
| | Who incurred the debt? Check one. | | | |
| | Debtor 1 only | ☐ Contingent | | |
| | Debtor 2 only | ☐ Unliquidated | | |
| | Debtor 1 and Debtor 2 only | □ Disputed | | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured claim: | | |
| | ☐ Check if this claim is for a community | ☐ Student loans | | |
| | debt Is the claim subject to offset? | ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims | | |
| | ■ No | Debts to pension or profit-sharing plans, and other similar debts | | |
| | Yes | Other. Specify Medical Bills | | |
| 4.3 | | | | |
| 1 | Syncb/Care Merlin | Last 4 digits of account number | \$2,410.00 | |
| | Nonpriority Creditor's Name PO Box 965068 4125 Windward Plaza | When was the debt incurred? | | |
| | Orlando, FL 32896 | | | |
| | Number Street City State Zlp Code | As of the date you file, the claim is: Check all that apply | | |
| | Who incurred the debt? Check one. | | | |
| | Debtor 1 only | ☐ Contingent | | |
| | Debtor 2 only | ☐ Unliquidated | | |
| | Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured claim: | | |
| | ☐ Check if this claim is for a community | ☐ Student loans | | |
| | debt | \square Obligations arising out of a separation agreement or divorce that you did not | | |
| | Is the claim subject to offset? | report as priority claims | | |
| | No | ☐ Debts to pension or profit-sharing plans, and other similar debts | | |
| | ☐ Yes | ■ Other. Specify Early Access | | |

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| Dana M. Mathews | | |
|--|---|------------|
| Synchrony Bank Nonpriority Creditor's Name P.O. Box 960061 | Last 4 digits of account number 7588 When was the debt incurred? | \$2,212.82 |
| | | |
| Orlando, FL 32896-0061 Number Street City State Zlp Code Who incurred the debt? Check one. | As of the date you file, the claim is: Check all that apply | |
| Debtor 1 only | ☐ Contingent | |
| ☐ Debtor 2 only | ☐ Unliquidated | |
| ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | |
| \square At least one of the debtors and another | Type of NONPRIORITY unsecured claim: | |
| ☐ Check if this claim is for a community | Student loans | |
| debt Is the claim subject to offset? | Dobligations arising out of a separation agreement or divorce that you did not report as priority claims | |
| ■ No | \square Debts to pension or profit-sharing plans, and other similar debts | |
| ☐ Yes | Other. Specify Credit Card | |
| Synchrony Bank | Last 4 digits of account number 5362 | \$1,123.74 |
| Nonpriority Creditor's Name P.O. Box 960061 Orlando, FL 32896-0061 | When was the debt incurred? | |
| Number Street City State Zlp Code | As of the date you file, the claim is: Check all that apply | |
| Who incurred the debt? Check one. | | |
| ☐ Debtor 1 only | ☐ Contingent | |
| Debtor 2 only | ☐ Unliquidated | |
| ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | |
| ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured claim: | |
| ☐ Check if this claim is for a community | ☐ Student loans | |
| debt Is the claim subject to offset? | Obligations arising out of a separation agreement or divorce that you did not report as priority claims | |
| ■ No | \square Debts to pension or profit-sharing plans, and other similar debts | |
| Yes | Other. Specify Credit Card | |
| Synchrony Bank | Last 4 digits of account number 8716 | \$2,355.28 |
| Nonpriority Creditor's Name P.O. Box 960061 | When was the debt incurred? | |
| Orlando, FL 32896-0061 Number Street City State Zlp Code | As of the date you file, the claim is: Check all that apply | |
| Who incurred the debt? Check one. | | |
| ☐ Debtor 1 only | ☐ Contingent | |
| Debtor 2 only | ☐ Unliquidated | |
| ■ Debtor 1 and Debtor 2 only | ☐ Disputed | |
| ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured claim: | |
| Check if this claim is for a community | ☐ Student loans | |
| debt Is the claim subject to offset? | ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims | |
| ■ No | lacktriangle Debts to pension or profit-sharing plans, and other similar debts | |
| ☐ Yes | ■ Other. Specify Credit Card | |

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Debtor 1 Kevin A. Mathews Debtor 2 Dana M. Mathews Case number (if know) 4.3 Synchrony Bank/JCP 5031 \$289.43 Last 4 digits of account number 5 Nonpriority Creditor's Name P.O. Box 960090 When was the debt incurred? Orlando, FL 32896-0090 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent ■ Unliquidated Debtor 2 only ☐ Disputed Debtor 1 and Debtor 2 only Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt \square Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims Debts to pension or profit-sharing plans, and other similar debts ■ No ☐ Yes ■ Other. Specify Credit Card 4.3 Wells Fargo 9754 \$6,110.22 Last 4 digits of account number 6 Nonpriority Creditor's Name When was the debt incurred? Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated ■ Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt \square Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No Debts to pension or profit-sharing plans, and other similar debts ☐ Yes **Credit Card** Other. Specify Part 3: List Others to Be Notified About a Debt That You Already Listed 5. Use this page only if you have others to be notified about your bankruptcy, for a debt that you already listed in Parts 1 or 2. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the original creditor in Parts 1 or 2, then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Parts 1 or 2, list the additional creditors here. If you do not have additional persons to be notified for any debts in Parts 1 or 2, do not fill out or submit this page. Name and Address On which entry in Part 1 or Part 2 did you list the original creditor? **Advanced Call Center** Line 4.35 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims Technologies, LLC Part 2: Creditors with Nonpriority Unsecured Claims P.O. Box 9091 Gray, TN 37615-9091 Last 4 digits of account number Name and Address On which entry in Part 1 or Part 2 did you list the original creditor? **Creditors Collection Bureau In** Line 4.30 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims P.O. Box 63 Part 2: Creditors with Nonpriority Unsecured Claims Kankakee, IL 60901 Last 4 digits of account number On which entry in Part 1 or Part 2 did you list the original creditor? Name and Address **Encore Receivable Management,** Line 4.34 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims Part 2: Creditors with Nonpriority Unsecured Claims P.O. Box 48458 Oak Park, MI 48237 Last 4 digits of account number Name and Address On which entry in Part 1 or Part 2 did you list the original creditor? FMA Alliance, Ltd. Line 4.13 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims

Official Form 106 E/F

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| Debtor 2 Dana M. Mathews | | Case number (if know) | |
|--|---|---|--|
| 12339 Cutten Road Houston, TX 77066 | | Part 2: Creditors with Nonpriority Unsecured Claims | |
| Houston, 1X 77000 | Last 4 digits of account number | | |
| Name and Address | On which entry in Part 1 or Part 2 | did you list the original creditor? | |
| Nationwide Credit, Inc. | Line 4.4 of (Check one): | ☐ Part 1: Creditors with Priority Unsecured Claims | |
| P.O. Box 26314 Lehigh Valley, PA 18002-6314 | ■ Part 2: Creditors with Nonpriority Unsecured Claims | | |
| 3, , | Last 4 digits of account number | | |
| Name and Address | On which entry in Part 1 or Part 2 | did you list the original creditor? | |
| Portfolio Recovery Associates, LLC | Line 4.31 of (<i>Check one</i>): | ☐ Part 1: Creditors with Priority Unsecured Claims | |
| P.O. Box 12914 Norfolk, VA 23541 | | ■ Part 2: Creditors with Nonpriority Unsecured Claims | |
| 1101101R, 17. 200+1 | Last 4 digits of account number | | |

Part 4: Add the Amounts for Each Type of Unsecured Claim

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. §159. Add the amounts for each type of unsecured claim.

| | | | 1 | otal Claim |
|-----|---|--|---|---|
| 6a. | Domestic support obligations | 6a. | \$ | 0.00 |
| | | | | |
| 6b. | Taxes and certain other debts you owe the government | 6b. | \$ | 0.00 |
| 6c. | Claims for death or personal injury while you were intoxicated | 6c. | \$ | 0.00 |
| 6d. | Other. Add all other priority unsecured claims. Write that amount here. | 6d. | \$ | 0.00 |
| | | | | |
| 6e. | Total Priority. Add lines 6a through 6d. | 6e. | \$ | 0.00 |
| | | | | |
| | | | 1 | otal Claim |
| 6f. | Student loans | 6f. | \$ | 36,076.00 |
| | | | | |
| 6g. | Obligations arising out of a separation agreement or divorce that | | • | 0.00 |
| CI- | you did not report as priority claims | • | · | |
| | | | \$ | 0.00 |
| 6i. | Other. Add all other nonpriority unsecured claims. Write that amount here. | 6i. | \$ | 46,279.11 |
| 6j. | Total Nonpriority. Add lines 6f through 6i. | 6j. | \$ | 82,355.11 |
| | 6b. 6c. 6d. 6e. 6f. 6g. 6h. | 6b. Taxes and certain other debts you owe the government 6c. Claims for death or personal injury while you were intoxicated 6d. Other. Add all other priority unsecured claims. Write that amount here. 6e. Total Priority. Add lines 6a through 6d. 6f. Student loans 6g. Obligations arising out of a separation agreement or divorce that you did not report as priority claims 6h. Debts to pension or profit-sharing plans, and other similar debts 6i. Other. Add all other nonpriority unsecured claims. Write that amount here. | 6b. Taxes and certain other debts you owe the government 6c. Claims for death or personal injury while you were intoxicated 6c. 6d. Other. Add all other priority unsecured claims. Write that amount here. 6d. 6e. Total Priority. Add lines 6a through 6d. 6e. 6f. Student loans 6f. 6g. Obligations arising out of a separation agreement or divorce that you did not report as priority claims 6g. 6h. Debts to pension or profit-sharing plans, and other similar debts 6h. 6i. Other. Add all other nonpriority unsecured claims. Write that amount here. | 6a. \$ 6b. Taxes and certain other debts you owe the government 6b. \$ 6c. Claims for death or personal injury while you were intoxicated 6c. \$ 6d. Other. Add all other priority unsecured claims. Write that amount here. 6d. \$ 6e. Total Priority. Add lines 6a through 6d. 6e. \$ 6f. Student loans 6f. \$ 6g. Obligations arising out of a separation agreement or divorce that you did not report as priority claims 6g. \$ 6h. Debts to pension or profit-sharing plans, and other similar debts 6h. \$ 6i. Other. Add all other nonpriority unsecured claims. Write that amount here. \$ 6a. \$ 6b. \$ 6c. \$ 6c. \$ 6d. \$ 6f. \$ 6f. \$ 6g. \$ 6g. \$ 6h. \$ 6h. \$ 6i. |

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| | | DOGUILLE | III Paue 30 01 03 | |
|---------------------|--------------------------|-------------------|-------------------|---------|
| Fill in this inform | mation to identify your | case: | | |
| Debtor 1 | Kevin A. Mathew | s | | |
| | First Name | Middle Name | Last Name | |
| Debtor 2 | Dana M. Mathews | 8 | | |
| (Spouse if, filing) | First Name | Middle Name | Last Name | |
| United States Ba | ankruptcy Court for the: | NORTHERN DISTRICT | OF ILLINOIS | |
| Case number _ | | | | |
| (if known) | | | | ☐ Check |

Official Form 106G

Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

- 1. Do you have any executory contracts or unexpired leases?
 - No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
 - ☐ Yes. Fill in all of the information below even if the contacts of leases are listed on Schedule A/B:Property (Official Form 106 A/B).
- List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

| ı | Person or | company with | whom you have the r, Street, City, State and ZIP | e contract or lease Code | State what the contract or lease is for |
|-----|-----------|--------------|---|-----------------------------|---|
| 2.1 | | | | | |
| | Name | | | | |
| | Number | Street | | | _ |
| | City | | State | ZIP Code | |
| 2.2 | | | | | |
| | Name | | | | |
| | Number | Street | | | |
| | City | | State | ZIP Code | _ |
| 2.3 | Oity | | Otate | Zii Code | |
| 2.0 | Name | | | | <u> </u> |
| | Number | Street | | | |
| | City | | State | ZIP Code | _ |
| 2.4 | | | Oldio | | |
| | Name | | | | _ |
| | Number | Street | | | _ |
| | City | | State | ZIP Code | <u> </u> |
| 2.5 | Oity | | Otate | ZII COUE | |
| 0 | Name | | | | |
| | Number | Street | | | _ |
| | City | | State | ZIP Code | <u> </u> |

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| | | Documen | nt Page 39 c | of 65 | |
|---------------------------------|--|----------------------------|---------------------|---|-----|
| Fill in this in | formation to identify your o | case: | | | |
| Debtor 1 | Kevin A. Mathews | i | | | |
| D.1. | First Name | Middle Name | Last Name | | |
| Debtor 2 (Spouse if, filing) | Dana M. Mathews First Name | Middle Name | Last Name | | |
| United States | Bankruptcy Court for the: | NORTHERN DISTRICT C | OF ILLINOIS | | |
| Case number | | | | | |
| (if known) | | | | ☐ Check if this is an amended filing | |
| Official F | Form 106H | | | | |
| Schedu | le H: Your Code | ebtors | | 12/1 | 15 |
| Arizona, | California, Idaho, Louisiana, | | | ry? (Community property states and territories include nington, and Wisconsin.) | |
| ☐ Yes. D | | ors. Do not include your s | pouse as a codebtor | r if your spouse is filing with you. List the person sh | |
| | 6D), Schedule E/F (Official | | | sure you have listed the creditor on Schedule D (Off 06G). Use Schedule D, Schedule E/F, or Schedule G t | |
| | lumn 1: Your codebtor ne, Number, Street, City, State and ZIF | P Code | | Column 2: The creditor to whom you owe the de Check all schedules that apply: | ebt |
| 3.1 | | | | ☐ Schedule D, line | |
| Nan | ne | | | Schedule E/F, line | |
| | | | | ☐ Schedule G, line | |
| Nun City | | State | ZIP Code | | |
| 3.2 | | | | □ Schodula D. lina | |
| Nan | ne | | | □ Schedule D, line □ Schedule E/F, line | |
| | | | | ☐ Schedule G, line | |
| Nun | nber Street | | | | |
| City | | State | ZIP Code | | |

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| Fill | in this information to i | identify your c | ase: | | | |
|--------------------|---|--------------------------------|---|---|-------------------------|---|
| Del | btor 1 _I | Kevin A. Ma | athews | | _ | |
| | btor 2 | Dana M. Ma | thews | | _ | |
| Uni | ited States Bankruptcy | y Court for the | e: NORTHERN DISTRIC | CT OF ILLINOIS | _ | |
| Ca | se number | | | | С | heck if this is: |
| (If kı | nown) | | | - | | An amended filing |
| | | | | | | A supplement showing postpetition chapter 13 income as of the following date: |
| <u>O</u> | fficial Form 1 | <u> 1061</u> | | | | MM / DD/ YYYY |
| S | chedule I: Y | our Inc | ome | | | 12/1 |
| sup spo atta | plying correct inforn use. If you are separ ch a separate sheet | nation. If you ated and you | are married and not fili ur spouse is not filing w On the top of any additi | ng jointly, and your spouse ith you, do not include infor | s living w nation ab | Debtor 2), both are equally responsible for with you, include information about your nout your spouse. If more space is needed, e number (if known). Answer every question |
| 1. | Fill in your employ information. | ment | | Debtor 1 | | Debtor 2 or non-filing spouse |
| | If you have more the | | Employment status | ■ Employed | | ■ Employed |
| | attach a separate pa information about a | | Employment status | ☐ Not employed | | ☐ Not employed |
| employers. | | | Occupation | Repair Tech | | Office Manager |

Part 2: Give Details About Monthly Income

Employer's name

Employer's address

How long employed there?

Include part-time, seasonal, or

Occupation may include student

or homemaker, if it applies.

self-employed work.

Estimate monthly income as of the date you file this form. If you have nothing to report for any line, write \$0 in the space. Include your non-filing spouse unless you are separated.

Best Buy Stores, L.P.

7601 Penn Ave. South

7 years

Richfield, MN 55423

Chicago Jewelers, Inc.

199 Canvasback Lane

2014

Bloomingdale, IL 60108

If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form.

For Debtor 1 For Debtor 2 or non-filing spouse List monthly gross wages, salary, and commissions (before all payroll 1,929.52 4,322.35 deductions). If not paid monthly, calculate what the monthly wage would be. 3. Estimate and list monthly overtime pay. 3. 0.00 +\$ 0.00 Calculate gross Income. Add line 2 + line 3. 4,322.35 1,929.52

Official Form 106I Schedule I: Your Income page 1

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| | otor 1 otor 2 | Kevin A. Mathews Dana M. Mathews | _ | (| Case | number (if known) | _ | | | |
|-----|-------------------------------|---|----------|----------------|-----------|-------------------|---|-----------|-----------|-------------------|
| | | | | | | Debtor 1 | | For Debto | spouse | |
| | Cop | y line 4 here | 4. | | \$_ | 4,322.35 | | \$1 | 1,929.52 | - |
| 5. | List | all payroll deductions: | | | | | | | | |
| | 5a. | Tax, Medicare, and Social Security deductions | 5a | ١. | \$ | 743.12 | | \$ | 514.40 | |
| | 5b. | Mandatory contributions for retirement plans | 5b |). | \$ | 0.00 | | \$ | 0.00 | - - |
| | 5c. | Voluntary contributions for retirement plans | 5c | :. | \$_ | 0.00 | | \$ | 0.00 | _ |
| | 5d. | Required repayments of retirement fund loans | 5d | ۱. | \$ | 0.00 | | \$ | 0.00 | _ |
| | 5e. | Insurance | 5e | | \$_ | 827.80 | | \$ | 0.00 | _ |
| | 5f. | Domestic support obligations | 5f. | | \$_ | 0.00 | | \$ | 0.00 | _ |
| | 5g. | Union dues | 5g | | \$_ \$ | 0.00 | | \$ | 0.00 | _ |
| _ | 5h. | Other deductions. Specify: | _ 5h | 1.+ | · — | 0.00 | + | | 0.00 | - |
| 6. | | the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h. | 6. | | \$_ | 1,570.92 | | \$ | 514.40 | - |
| 7. | Cal | culate total monthly take-home pay. Subtract line 6 from line 4. | 7. | | \$_ | 2,751.43 | | \$1 | ,415.12 | = |
| 8. | List 8a. | all other income regularly received: Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total | | | | | | | | |
| | | monthly net income. | 8a | | \$_ | 0.00 | | \$ | 0.00 | = |
| | 8b. | Interest and dividends | 8b |). | \$_ | 0.00 | | \$ | 0.00 | = |
| | 8c. | Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement. | 8c | ; <u>.</u> | \$ | 0.00 | | \$ | 0.00 | |
| | 8d. | Unemployment compensation | 8d | l. | \$ | 0.00 | | \$ | 0.00 | _ |
| | 8e. | Social Security | 8e |) . | \$_ | 0.00 | | \$ | 0.00 | _ |
| | 8f. | Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify: | e 8f. | | \$ | 0.00 | | \$ | 0.00 | |
| | 8g. | Pension or retirement income | 8g | | \$_ | 0.00 | | \$ | 0.00 | _ |
| | 8h. | Other monthly income. Specify: | 8h | 1.+ | \$_ | 0.00 | + | \$ | 0.00 | _ |
| 9. | Add | all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h. | 9. | ; | \$ | 0.00 | | \$ | 0.0 | 0 |
| 10 | Cald | culate monthly income. Add line 7 + line 9. | 10. | Φ | | 2 751 42 . \$ | | 1 115 12 | | 1 166 EE |
| 10. | | the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse. | 10. | Ψ_ | | 2,751.43 + \$ | | 1,415.12 | = • — | 4,166.55 |
| 11. | Stat Inclu othe Do r | e all other regular contributions to the expenses that you list in Schedule ude contributions from an unmarried partner, members of your household, your or friends or relatives. not include any amounts already included in lines 2-10 or amounts that are not cify: | depe | | | . • | | | | 0.00 |
| 12. | | the amount in the last column of line 10 to the amount in line 11. The rese that amount on the Summary of Schedules and Statistical Summary of Certaines | | | | | | | Combin | |
| 13. | Do | you expect an increase or decrease within the year after you file this form | ? | | | | | | monthl | y income |
| | | No. Yes. Explain: | - | | | | _ | | | |

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| | in this informa | tion to identify yo | onic case. | | | I | | |
|-------|--------------------------------|-------------------------------------|------------|---|--|--|-------------------------------------|---|
| Debt | | Kevin A. Mat | | | | Cho | ck if this is: | |
| Debi | 101 1 | Kevin A. Iviat | inews | | | | An amended filing | |
| | tor 2 ouse, if filing) | Dana M. Mat | hews | | | | A supplement show 13 expenses as of | wing postpetition chapter the following date: |
| Unite | ed States Bankr | uptcy Court for the | : NORTH | IERN DISTRICT OF ILLIN | OIS | | MM / DD / YYYY | |
| | e number nown) | | | | | | | |
| | | rm 106J | | | | | | |
| | | J: Your | | ISES . If two married people ar | o filing together b | oth are equ | ally responsible fo | 12/15 |
| info | rmation. If m | | eded, atta | ch another sheet to this | | | | |
| Part | | ibe Your House | hold | | | | | |
| 1. | Is this a joir ☐ No. Go to | | | | | | | |
| | _ | | in a separ | ate household? | | | | |
| | ■ N | 0 | • | al Form 106J-2, <i>Expenses</i> | s for Separate House | e <i>hold</i> of Deh | ntor 2 | |
| 2. | | e dependents? | □ No | arr 61111 1000 2, 2xp6/1000 | rior Coparato riodoc | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | | |
| ۷. | Do not list D Debtor 2. | · | Yes. | Fill out this information for each dependent | Dependent's relat Debtor 1 or Debto | | Dependent's age | Does dependent live with you? |
| | Do not state | the | | | | | | □ No |
| | dependents | names. | | | Daughter | | | ■ Yes |
| | | | | | | | | □ No □ Yes |
| | | | | | | | | □ No |
| | | | | | | | | ☐ Yes ☐ No |
| | | | | | | | | ☐ Yes |
| 3. | | oenses include f people other t | han | No | | | | |
| | • | d your depende | | Yes | | | | |
| Part | | ate Your Ongoi | | | | | | |
| exp | | | | uptcy filing date unless y y is filed. If this is a supp | | | | |
| | | | | government assistance i | | | | |
| | value of sucl icial Form 10 | | d have inc | cluded it on <i>Schedule I:</i> \ | our Income | | Your exp | enses |
| 4. | | or home owners | | ses for your residence. I or lot. | nclude first mortgag | e 4. \$ | \$ | 1,350.00 |
| | If not includ | led in line 4: | | | | | | |
| | 4a. Real e | estate taxes | | | | 4a. \$ | \$ | 0.00 |
| | | rty, homeowner's | | | | 4b. | · | 0.00 |
| | | maintenance, re owner's associat | | upkeep expenses dominium dues | | 4c. \$ 4d. \$ | | 0.00 |
| 5. | | | | our residence, such as ho | me equity loans | 5. | · | 0.00 |

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| | otor 1 otor 2 | Kevin A. Mathews Dana M. Mathews | Case num | ber (if known) | |
|-----|------------------|---|------------|----------------|-----------------------------|
| 6. | Utilit | ies: | | | |
| ٥. | 6a. | Electricity, heat, natural gas | 6a. | \$ | 175.00 |
| | 6b. | Water, sewer, garbage collection | 6b. | \$ | 65.00 |
| | 6c. | Telephone, cell phone, Internet, satellite, and cable services | 6c. | \$ | 456.00 |
| | 6d. | Other. Specify: | 6d. | \$ | 0.00 |
| 7. | Food | I and housekeeping supplies | | \$ | 800.00 |
| 8. | Child | dcare and children's education costs | 8. | \$ | 0.00 |
| 9. | Cloth | ning, laundry, and dry cleaning | 9. | \$ | 100.00 |
| 10. | Pers | onal care products and services | 10. | \$ | 150.00 |
| 11. | Medi | cal and dental expenses | 11. | \$ | 250.00 |
| 12. | | sportation. Include gas, maintenance, bus or train fare. | 12. | \$ | 433.00 |
| 13 | | ot include car payments. rtainment, clubs, recreation, newspapers, magazines, and books | 13. | · | 0.00 |
| | | itable contributions and religious donations | 14. | | 0.00 |
| | | rance. | 17. | Ψ | 0.00 |
| 15. | | ot include insurance deducted from your pay or included in lines 4 or 20. | | | |
| | | Life insurance | 15a. | \$ | 0.00 |
| | 15b. | Health insurance | 15b. | \$ | 0.00 |
| | 15c. | Vehicle insurance | 15c. | \$ | 130.00 |
| | 15d. | Other insurance. Specify: | 15d. | \$ | 0.00 |
| 16. | Taxe | s. Do not include taxes deducted from your pay or included in lines 4 or 20. | | | |
| | Spec | ify: | 16. | \$ | 0.00 |
| 17. | Insta | Illment or lease payments: | | | |
| | | Car payments for Vehicle 1 | 17a. | * | 0.00 |
| | | Car payments for Vehicle 2 | 17b. | · | 0.00 |
| | | Other. Specify: Home owners' association | 17c. | · | 10.00 |
| | | Other. Specify: | 17d. | \$ | 0.00 |
| 18. | | payments of alimony, maintenance, and support that you did not report as acted from your pay on line 5, Schedule I, Your Income (Official Form 106I). | 18. | \$ | 0.00 |
| 19. | | r payments you make to support others who do not live with you. | | \$ | 0.00 |
| | Spec | ify: | 19. | | |
| 20. | Othe | r real property expenses not included in lines 4 or 5 of this form or on Sched | lule I: Yo | our Income. | |
| | 20a. | Mortgages on other property | 20a. | \$ | 0.00 |
| | 20b. | Real estate taxes | 20b. | | 0.00 |
| | 20c. | Property, homeowner's, or renter's insurance | 20c. | \$ | 0.00 |
| | 20d. | Maintenance, repair, and upkeep expenses | 20d. | \$ | 0.00 |
| | 20e. | Homeowner's association or condominium dues | 20e. | \$ | 0.00 |
| 21. | Othe | r: Specify: Pet Care | 21. | +\$ | 150.00 |
| 22 | Calc | ulate your monthly expenses | | | |
| | | Add lines 4 through 21. | | s | 4,069.00 |
| | | Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2 | | \$ | 4,000.00 |
| | | Add line 22a and 22b. The result is your monthly expenses. | | \$ | 4,069.00 |
| | 220. | Add line 22a and 22b. The result is your monthly expenses. | | Ψ | 4,069.00 |
| 23. | Calc | ulate your monthly net income. | | | |
| | 23a. | Copy line 12 (your combined monthly income) from Schedule I. | 23a. | \$ | 4,166.55 |
| | 23b. | Copy your monthly expenses from line 22c above. | 23b. | -\$ | 4,069.00 |
| | 0.0 | | | | |
| | 23c. | Subtract your monthly expenses from your monthly income. | 23c. | \$ | 97.55 |
| | | The result is your monthly net income. | _00. | | |
| 24. | For ex | ou expect an increase or decrease in your expenses within the year after you cample, do you expect to finish paying for your car loan within the year or do you expect your nication to the terms of your mortgage? | | | se or decrease because of a |
| | □ Ye | | | | |
| | | | | | |

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| Fill in this infor | mation to identify your | rase: | |
|---|---|---|--|
| Debtor 1 | Kevin A. Mathew | | |
| DODIOI I | First Name | Middle Name Last Name | |
| Debtor 2 | Dana M. Mathews | | |
| Spouse if, filing) | First Name | Middle Name Last Name | |
| Jnited States Ba | ankruptcy Court for the: | NORTHERN DISTRICT OF ILLINOIS | |
| Case number | | | |
| (if known) | | | ☐ Check if this is an amended filing |
| two married per fou must file thing the balaning money | eople are filing togethe | connection with a bankruptcy case can result | |
| Sign | n Below | | |
| Did you pa ■ No | y or agree to pay some | one who is NOT an attorney to help you fill out | bankruptcy forms? |
| _ | Name of person | | Attach Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119) |
| | alty of perjury, I declare e true and correct. | hat I have read the summary and schedules fi | led with this declaration and |
| X /s/ Kev | vin A. Mathews | X /s/ Dana | M. Mathews |
| | A. Mathews | Dana M. | |
| Signatu | re of Debtor 1 | Signature of | of Debtor 2 |
| Date | November 20, 2017 | Date No | ovember 20. 2017 |

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| Fill in this infor | mation to identify you | r 0200: | | | |
|-------------------------------|--|---|------------------------------------|-------------------------------------|------------------------------------|
| | | | | | |
| Debtor 1 | Kevin A. Mathev First Name | Middle Name | Last Name | | |
| Debtor 2 | Dana M. Mathew | <i>I</i> S | | | |
| (Spouse if, filing) | First Name | Middle Name | Last Name | | |
| United States Ba | ankruptcy Court for the: | NORTHERN DISTRICT C | PF ILLINOIS | | |
| Case number | | | | | |
| (if known) | | | | _ | Check if this is an |
| | | | | | amended filing |
| Official Fo | vrm 107 | | | | |
| • | | Affaire for Individ | luals Eiling for B | ankruntov | 4/4/ |
| | | Affairs for Individ | | | 4/10 |
| | | ible. If two married people a attach a separate sheet to t | | | |
| number (if know | n). Answer every que | stion. | · | | |
| Part 1: Give | Details About Your Ma | arital Status and Where You | Lived Before | | |
| 1. What is you | ır current marital statı | ıs? | | | |
| | | | | | |
| ■ Married Not ma | - | | | | |
| | | | | | |
| 2. During the | last 3 years, have you | lived anywhere other than v | where you live now? | | |
| □ No | | | | | |
| Yes. Li | st all of the places you | ived in the last 3 years. Do no | t include where you live nov | ٧. | |
| Debtor 1 P | rior Address: | Dates Debtor 1 lived there | Debtor 2 Prior Ac | Idress: | Dates Debtor 2 lived there |
| 929 Runy Lockport | | From-To: 2005 until Apr 2016 | Same as Debtor | 1 | Same as Debtor 1 From-To: |
| states and territo No Yes. M | <i>rie</i> s include Arizona, Ca | ver live with a spouse or leg lifornia, Idaho, Louisiana, Nev hedule H: Your Codebtors (Of ur Income | /ada, New Mexico, Puerto R | | |
| Tarez Explo | in the oddrees of roc | ii iiicoiiic | | | |
| Fill in the tot | al amount of income yo | nployment or from operating u received from all jobs and a have income that you receive | III businesses, including part | -time activities. | endar years? |
| □ No | | | | | |
| | III in the details. | | | | |
| | | 5 11 1 | | 21/ | |
| | | Debtor 1 Sources of income | Gross income | Debtor 2 Sources of income | Gross income |
| | | Check all that apply. | (before deductions and exclusions) | Check all that apply. | (before deductions and exclusions) |
| | l of current year until ed for bankruptcy: | ■ Wages, commissions, bonuses, tips | \$49,150.81 | ■ Wages, commissions, bonuses, tips | \$22,000.00 |
| | | ☐ Operating a business | | ☐ Operating a business | |
| Official Form 107 | | Statement of Financial Affa | airs for Individuals Filing for B | ankruptcy | page |

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Kevin A. Mathews

| Del | btor 2 D a | ana M. Mat | hews | | Cas | se number (if known) | | |
|-----|-------------------|---|--|---|--|---|---|----------------------|
| | | | | Debtor 1 | | Debtor 2 | | |
| | | | | Sources of income Check all that apply. | Gross income (before deductions and exclusions) | Sources of inco Check all that ap | | eductions |
| | | ndar year: December | 31, 2016) | ■ Wages, commissions, bonuses, tips | \$51,000.00 | ■ Wages, common bonuses, tips | nissions, \$2 | 20,000.00 |
| | | | | ☐ Operating a business | | ☐ Operating a b | usiness | |
| | | ndar year be December | | ■ Wages, commissions, bonuses, tips | \$61,000.00 | ■ Wages, common bonuses, tips | nissions, \$2 | 27,000.00 |
| | | | | ☐ Operating a business | | ☐ Operating a b | usiness | |
| | ■ No | source and t | | ome from each source separa | tely. Do not include income | that you listed in line | 4. | |
| | | | | Debtor 1 Sources of income Describe below. | Gross income from each source (before deductions and | Debtor 2 Sources of inco Describe below. | me Gross inc (before de and exclu | eductions |
| | | | | | exclusions) | | | |
| | □ No. | Neither De individual puring the No. Yes * Subject | 90 days before Go to line 7 List below expaid that crutor adjustment or Debtor 2 or 90 days before Go to line 7 List below expaid that crutor adjustment or Debtor 2 or 90 days before Go to line 7 List below expanding the pay | each creditor to whom you pai editor. Do not include paymer payments to an attorney for the ton 4/01/19 and every 3 year or both have primarily consumer or you filed for bankruptcy, di | Imer debts. Consumer debted purpose." d you pay any creditor a total d a total of \$6,425* or more the for domestic support oblighis bankruptcy case. Is after that for cases filed on timer debts. d you pay any creditor a total d a total of \$600 or more an | al of \$6,425* or more in one or more paying gations, such as chill or after the date of al of \$600 or more? | e? nents and the total amo d support and alimony. adjustment. ou paid that creditor. Do | ount you Also, do |
| | Creditor | r's Name and | d Address | Dates of payme | nt Total amount paid | Amount you still owe | Was this payment for | · |
| | | ēargo ∟a Grange Park, IL 60 | | Previous three months | · | \$150,000.00 | ■ Mortgage □ Car □ Credit Card □ Loan Repayment □ Suppliers or vendor □ Other_ | 'S |

Debtor 1

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Kevin A. Mathews

| Debtor | Dana M. Mathews | | | Cas | se number (ii | known) | |
|---|---|----------------------|---|--|--------------------------------|--|---|
| <i>In:</i> of a l | Vithin 1 year before you filed for bankrus include your relatives; any genera f which you are an officer, director, person business you operate as a sole proprieto limony. | partners in conti | s; relatives of any ge rol, or owner of 20% | neral partners; partners or more of their voting | erships of wh g securities; | nich you are a gener and any managing | al partner; corporation agent, including one fo |
| | No Yes. List all payments to an insider. | | | | | | |
| Ir | nsider's Name and Address | Da | tes of payment | Total amount paid | Amount still | | r this payment |
| in | /ithin 1 year before you filed for bankro sider? colude payments on debts guaranteed or | | | • | any propert | y on account of a c | lebt that benefited an |
| • | No | | | | | | |
| | Yes. List all payments to an insider | | | | | | |
| Ir | nsider's Name and Address | Da | tes of payment | Total amount paid | Amount still | • | r this payment ditor's name |
| Part 4 | Identify Legal Actions, Repossess | sions, ar | nd Foreclosures | | | | |
| Lis | Ithin 1 year before you filed for bankrist all such matters, including personal injudifications, and contract disputes. | | | | | | |
| | No Yes. Fill in the details. | | | | | | |
| _ | Case title Case number | Na | ture of the case | Court or agency | | Status of t | he case |
| 10. Within 1 year before you filed for bankruptcy, was any of your property repossessed, fore Check all that apply and fill in the details below. | | | | oreclosed, | garnished, attache | d, seized, or levied? | |
| = | No. Go to line 11. Yes. Fill in the information below. | | | | | | |
| | Creditor Name and Address | De | scribe the Property | | | Date | Value of the |
| | | | plain what happene | ed | | | property |
| Within 90 days before you filed for bankruptcy, did any creditor, including a bank or financial institution, set off any amoraccounts or refuse to make a payment because you owed a debt? No Yes. Fill in the details. | | | | amounts from your | | | |
| С | Creditor Name and Address | De | scribe the action th | e creditor took | | Date action was taken | Amount |
| | /ithin 1 year before you filed for bankro ourt-appointed receiver, a custodian, o | | | erty in the possess | ion of an as | | efit of creditors, a |
| | No Yes | | | | | | |
| Part 5 | List Certain Gifts and Contribution | าร | | | | | |
| _ | /ithin 2 years before you filed for bank No | ruptcy, d | did you give any gif | ts with a total value | of more tha | an \$600 per person | ? |
| | J Yes. Fill in the details for each gift. Gifts with a total value of more than \$6 per person | 00 | Describe the gifts | 3 | | Dates you gave the gifts | Value |
| | Person to Whom You Gave the Gift and Address: | I | | | | | |

Debtor 1

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Kevin A. Mathews

| Debtor 2 Dana M. Mathews Cas | | | | ase number (| if known) | |
|---|---|----------------------|---|---------------|--|--------------------------|
| 14. | Within 2 years before you filed for banks ■ No □ Yes. Fill in the details for each gift or or | | | s with a tota | I value of more than | \$600 to any charity? |
| | Gifts or contributions to charities that more than \$600 Charity's Name Address (Number, Street, City, State and ZIP Cod | | Describe what you contributed | | Dates you contributed | Value |
| Par | rt 6: List Certain Losses | | | | | |
| 15. | Within 1 year before you filed for bankru or gambling? | ptcy or | since you filed for bankruptcy, did y | ou lose anyt | hing because of the | ft, fire, other disaster |
| | ■ No □ Yes. Fill in the details. | | | | | |
| | Describe the property you lost and how the loss occurred | Include | be any insurance coverage for the lost the amount that insurance has paid. Lost callins on line 33 of Schedule A/B: | ist pending | Date of your loss | Value of property lost |
| Par | tt 7: List Certain Payments or Transfer | s | | | | |
| 16. | Within 1 year before you filed for bankru consulted about seeking bankruptcy or Include any attorneys, bankruptcy petition process. | prepari | ng a bankruptcy petition? | | | erty to anyone you |
| | Yes. Fill in the details. | | | | | |
| | Person Who Was Paid Address Email or website address Person Who Made the Payment, if Not | í ou | Description and value of any prope transferred | erty | Date payment or transfer was made | Amount of payment |
| | The Law Offices of Stuart B. Handelman, 200 S. Michigan Avenue, Suite 205 Chicago, IL 60604 | | Attorney Fees | | July 2016 through April 2017 | \$1,495.00 |
| | Debthelper.com 1325 N. Congress AVE #201 West Palm Beach, FL 33401 | | Counseling | | November 2017 | \$24.00 |
| Within 1 year before you filed for bankrupt promised to help you deal with your credit Do not include any payment or transfer that y No | | ditors o | r to make payments to your creditors | | r transfer any prope | erty to anyone who |
| | Yes. Fill in the details. | | | | | |
| | Person Who Was Paid Address | | Description and value of any prope transferred | erty | Date payment or transfer was made | Amount of payment |
| 18. | Within 2 years before you filed for banks transferred in the ordinary course of you include both outright transfers and transfers include gifts and transfers that you have all No Yes. Fill in the details. | ur busin s made : | ness or financial affairs? as security (such as the granting of a se | | | |
| | Person Who Received Transfer Address | | Description and value of property transferred | | any property or received or debts change | Date transfer was made |
| | Person's relationship to you | | | | | |

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Debtor 1 **Kevin A. Mathews**Debtor 2 **Dana M. Mathews**

Case number (if known)

| 19. | Within 10 years before you filed for bankruptobeneficiary? (These are often called asset-protes No | | y property to a | a self-settle | d trust or similar device o | of which you are a |
|--|---|---|-----------------------|---------------|--|---|
| | ☐ Yes. Fill in the details. | | | | | |
| | Name of trust | Description and v | alue of the pro | perty trans | ferred | Date Transfer was made |
| Par | 8: List of Certain Financial Accounts, Instr | ruments, Safe Deposit | Boxes, and S | torage Unit | s | |
| 20. | Within 1 year before you filed for bankruptcy, | were any financial acc | counts or inst | ruments he | ld in your name, or for yo | ur benefit, closed. |
| | sold, moved, or transferred? Include checking, savings, money market, or houses, pension funds, cooperatives, associa | other financial accour | nts; certificates | s of deposi | | |
| | ■ No | • | | | | |
| | Yes. Fill in the details. | | | | | |
| | | Last 4 digits of account number | Type of acco | ount or | Date account was closed, sold, moved, or transferred | Last balance before closing or transfer |
| 21. | Do you now have, or did you have within 1 ye cash, or other valuables? | ear before you filed for | bankruptcy, a | ny safe dep | posit box or other deposit | tory for securities, |
| | ■ No | | | | | |
| | Yes. Fill in the details. | | | | | |
| | Name of Financial Institution Address (Number, Street, City, State and ZIP Code) | Who else had acc Address (Number, St State and ZIP Code) | | Describe | the contents | Do you still have it? |
| 20 | | | h a mara saadda bar 4 | | | |
| 22. | Have you stored property in a storage unit or | place other than your | nome within 1 | i year befor | e you filed for bankruptc | y ? |
| | No | | | | | |
| | Yes. Fill in the details. | | | | | |
| | Name of Storage Facility Address (Number, Street, City, State and ZIP Code) | Who else has or h to it? Address (Number, St State and ZIP Code) | | Describe | the contents | Do you still have it? |
| | | , | | | | |
| Part | 9: Identify Property You Hold or Control fo | or Someone Else | | | | |
| | Do you hold or control any property that some for someone. | eone else owns? Inclu | ıde any propeı | rty you borı | owed from, are storing fo | or, or hold in trust |
| | ■ No | | | | | |
| | Yes. Fill in the details. | | | | | |
| | Owner's Name | Where is the prop | ertv? | Describe | the property | Value |
| | Address (Number, Street, City, State and ZIP Code) | (Number, Street, City, St Code) | | | | |
| Par | 10: Give Details About Environmental Infor | • | | | | |
| or t | he purpose of Part 10, the following definition | ns apply: | | | | |
| | Environmental law means any federal, state, or local statute or regulation concerning pollution, contamination, releases of hazardous or | | | | | |
| toxic substances, wastes, or material into the air, land, soil, surface water, groundwater, or other medium, including statutes or regulations controlling the cleanup of these substances, wastes, or material. | | | | | | |
| | Site means any location, facility, or property a to own, operate, or utilize it, including dispos | • | nvironmental | law, wheth | er you now own, operate, | , or utilize it or used |
| | Hazardous material means anything an environmental law defines as a hazardous waste, hazardous substance, toxic substance, hazardous material, pollutant, contaminant, or similar term. | | | | | |

Report all notices, releases, and proceedings that you know about, regardless of when they occurred.

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Debtor 1 Kevin A. Mathews
Debtor 2 Dana M. Mathews

Case number (if known)

| 24. Has any governmental unit notified you that you may be liable or potentially liable under or in violation of an environmental law? No | | | | | | | | |
|--|---|---|--|---------|--|--------------------|--|--|
| | | Yes. Fill in the details. | | | | | | |
| | | me of site dress (Number, Street, City, State and ZIP Code) | Governmental unit Address (Number, Street, City, State a ZIP Code) | and | Environmental law, if you know it | Date of notice | | |
| 25. | Hav | re you notified any governmental unit of | any release of hazardous material? | | | | | |
| | | No Yes. Fill in the details. | | | | | | |
| | | | Covernmental unit | | Favings mantal law if you | Data of matica | | |
| | | me of site dress (Number, Street, City, State and ZIP Code) | Governmental unit Address (Number, Street, City, State a ZIP Code) | and | Environmental law, if you know it | Date of notice | | |
| 26. | Hav | re you been a party in any judicial or adm | ninistrative proceeding under any en | viron | mental law? Include settlements ar | nd orders. | | |
| | | No Yes. Fill in the details. | | | | | | |
| | | se Title se Number | Court or agency Name Address (Number, Street, City, State and ZIP Code) | Na | ature of the case | Status of the case | | |
| Dor | . 11 | Give Details About Your Business or | Connections to Any Business | | | | | |
| Par | | Give Details About Tour Business of | connections to Any Business | | | | | |
| 27. | Wit | hin 4 years before you filed for bankrupt | cy, did you own a business or have a | any o | f the following connections to any | business? | | |
| | | ☐ A sole proprietor or self-employed in | n a trade, profession, or other activit | y, eitl | her full-time or part-time | | | |
| | | ☐ A member of a limited liability comp | any (LLC) or limited liability partners | ship (| LLP) | | | |
| | ☐ A partner in a partnership | | | | | | | |
| | ☐ An officer, director, or managing executive of a corporation | | | | | | | |
| | ☐ An owner of at least 5% of the voting or equity securities of a corporation | | | | | | | |
| | No. None of the above applies. Go to Part 12. | | | | | | | |
| | | Yes. Check all that apply above and fill | in the details below for each busine | ss. | | | | |
| | | siness Name | Describe the nature of the business | 6 | Employer Identification number | | | |
| | | dress mber, Street, City, State and ZIP Code) | Name of accountant or bookkeeper | • | Do not include Social Security n Dates business existed | umber or ITIN. | | |
| 28. | | hin 2 years before you filed for bankrupt itutions, creditors, or other parties. | cy, did you give a financial statemen | t to a | | de all financial | | |
| | | No Yes. Fill in the details below. | | | | | | |
| | | me dress | Date Issued | | | | | |
| | | mber, Street, City, State and ZIP Code) | | | | | | |
| | | | | | | | | |

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| Debtor 1 | Kevin A. Mathews | | |
|------------|--------------------------------------|-----------------------|--|
| Debtor 2 | Dana M. Mathews | | Case number (if known) |
| Part 12: | Sign Below | | |
| are true a | nd correct. I understand that making | a false statement | nd any attachments, and I declare under penalty of perjury that the answers, concealing property, or obtaining money or property by fraud in connection or isonment for up to 20 years, or both. |
| /s/ Kevi | n A. Mathews | /s/ Da | na M. Mathews |
| Kevin A | . Mathews | Dana | M. Mathews |
| Signatur | e of Debtor 1 | Signat | ture of Debtor 2 |
| Date N | ovember 20, 2017 | Date | November 20, 2017 |
| Did you a | ttach additional pages to Your State | ment of Financial | Affairs for Individuals Filing for Bankruptcy (Official Form 107)? |
| ■ No | | | |
| ☐ Yes | | | |
| Did you p | ay or agree to pay someone who is | not an attorney to I | help you fill out bankruptcy forms? |
| ■ No | | | |
| ☐ Yes. N | ame of Person Attach the Bank | kruptcy Petition Prej | parer's Notice, Declaration, and Signature (Official Form 119). |

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| Fill in this infor | mation to identify your o | ase: | | |
|-------------------------------------|--|--|---|---|
| Debtor 1 | Kevin A. Mathews | | | |
| | First Name | Middle Name | Last Name | |
| Debtor 2 (Spouse if, filing) | Dana M. Mathews First Name | Middle Name | Last Name | |
| | ankruntav Court for the | | TRICT OF ILLINOIS | |
| Officed States Ba | ankruptcy Court for the: | NORTHERN DIS | TRICT OF ILLINOIS | |
| Case number (if known) | | | | ☐ Check if this is an amended filing |
| Official Fo | | n for Indiv | viduals Filing Under Chap | ter 7 12/15 |
| | lividual filing under chap | - | Il out this form if: | |
| you have least | ever is earlier, unless the | nd the lease has r thin 30 days after | not expired. r you file your bankruptcy petition or by the date ne time for cause. You must also send copies to | |
| | eople are filing together nd date the form. | in a joint case, bo | oth are equally responsible for supplying correct | information. Both debtors must |
| | and accurate as possibl our name and case num | | s needed, attach a separate sheet to this form. O | n the top of any additional pages, |
| Part 1: List Y | our Creditors Who Have | Secured Claims | | |
| 1. For any credit | | rt 1 of Schedule [| D: Creditors Who Have Claims Secured by Prope | rty (Official Form 106D), fill in the |
| | reditor and the property th | at is collateral | What do you intend to do with the property th secures a debt? | Did you claim the property as exempt on Schedule C? |
| | | | | |
| Creditor's V name: | Vells Fargo Home Mo | rtgage Inc. | ☐ Surrender the property.☐ Retain the property and redeem it. | □ No |
| | 2315 Carpenter Ave IL 60586 Kendal Ce | | Retain the property and enter into a Reaffirmation Agreement. | ■ Yes |
| property securing debt | | Junty | ☐ Retain the property and [explain]: | |
| For any unexpire in the information | on below. Do not list real | se that you listed estate leases. Ur | I in Schedule G: Executory Contracts and Unexp nexpired leases are leases that are still in effect; the trustee does not assume it. 11 U.S.C. § 365(p | the lease period has not yet ended. |
| Describe your u | unexpired personal prop | erty leases | | Will the lease be assumed? |
| Lessor's name: Description of le | ased | | | □ No |
| Property: | ~~~ | | | ☐ Yes |
| Lessor's name: | anad | | | □ No |
| Description of le Property: | ased | | | ☐ Yes |
| Lessor's name: | | | | |
| Official Form 108 | , | Statement of I | ntention for Individuals Filing Under Chapter 7 | page 1 |

page 1

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| | a. Mathews . Mathews | | Case number (if known) | |
|--|---|----------------------------|----------------------------------|-------------------------------|
| Description of lease Property: | d | | | □ No □ Yes |
| Lessor's name: Description of leased Property: | d | | | □ No □ Yes |
| Lessor's name: Description of leased Property: | d | | | □ No □ Yes |
| Lessor's name: Description of leased Property: | d | | | □ No □ Yes |
| Lessor's name: Description of lease Property: | d | | | □ No □ Yes |
| Part 3: Sign Belo | ow . | | | |
| | rjury, I declare that I have indicated r ject to an unexpired lease. | ny intention about any pro | pperty of my estate that sec | cures a debt and any personal |
| χ /s/ Kevin A. I | Mathews | χ /s/ Dan | na M. Mathews | |
| Kevin A. Mat Signature of De | | | M. Mathews re of Debtor 2 | |
| Date Nov | ember 20, 2017 | Date No. | ovember 20, 2017 | |

Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)

This notice is for you if:

You are an individual filing for bankruptcy, and

Your debts are primarily consumer debts. Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

The types of bankruptcy that are available to individuals

Individuals who meet the qualifications may file under one of four different chapters of Bankruptcy Code:

Chapter 7 - Liquidation

Chapter 11 - Reorganization

Chapter 12 - Voluntary repayment plan for family farmers or fishermen

Chapter 13 - Voluntary repayment plan for individuals with regular income

You should have an attorney review your decision to file for bankruptcy and the choice of chapter.

| Chapter 7: | Liquidation |
|------------|--------------------|
| \$245 | filing fee |
| \$75 | administrative fee |
| + \$15 | trustee surcharge |
| \$335 | total fee |

Chapter 7 is for individuals who have financial difficulty preventing them from paying their debts and who are willing to allow their nonexempt property to be used to pay their creditors. The primary purpose of filing under chapter 7 is to have your debts discharged. The bankruptcy discharge relieves you after bankruptcy from having to pay many of your pre-bankruptcy debts. Exceptions exist for particular debts, and liens on property may still be enforced after discharge. For example, a creditor may have the right to foreclose a home mortgage or repossess an automobile.

However, if the court finds that you have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge.

You should know that even if you file chapter 7 and you receive a discharge, some debts are not discharged under the law. Therefore, you may still be responsible to pay:

most taxes:

most student loans;

domestic support and property settlement obligations;

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most fines, penalties, forfeitures, and criminal restitution obligations; and

certain debts that are not listed in your bankruptcy papers.

You may also be required to pay debts arising from:

fraud or theft;

fraud or defalcation while acting in breach of fiduciary capacity;

intentional injuries that you inflicted; and

death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs.

If your debts are primarily consumer debts, the court can dismiss your chapter 7 case if it finds that you have enough income to repay creditors a certain amount. You must file *Chapter 7 Statement of Your Current Monthly Income* (Official Form 122A–1) if you are an individual filing for bankruptcy under chapter 7. This form will determine your current monthly income and compare whether your income is more than the median income that applies in your state.

If your income is not above the median for your state, you will not have to complete the other chapter 7 form, the *Chapter 7 Means Test Calculation* (Official Form 122A–2).

If your income is above the median for your state, you must file a second form —the *Chapter 7 Means Test Calculation* (Official Form 122A–2). The calculations on the form— sometimes called the *Means Test*—deduct from your income living expenses and payments on certain debts to determine any amount available to pay unsecured creditors. If

your income is more than the median income for your state of residence and family size, depending on the results of the *Means Test*, the U.S. trustee, bankruptcy administrator, or creditors can file a motion to dismiss your case under § 707(b) of the Bankruptcy Code. If a motion is filed, the court will decide if your case should be dismissed. To avoid dismissal, you may choose to proceed under another chapter of the Bankruptcy Code.

If you are an individual filing for chapter 7 bankruptcy, the trustee may sell your property to pay your debts, subject to your right to exempt the property or a portion of the proceeds from the sale of the property. The property, and the proceeds from property that your bankruptcy trustee sells or liquidates that you are entitled to, is called *exempt property*. Exemptions may enable you to keep your home, a car, clothing, and household items or to receive some of the proceeds if the property is sold.

Exemptions are not automatic. To exempt property, you must list it on *Schedule C: The Property You Claim as Exempt* (Official Form 106C). If you do not list the property, the trustee may sell it and pay all of the proceeds to your creditors.

Chapter 11: Reorganization

\$1,167 filing fee

+ \$550 administrative fee

\$1,717 total fee

Chapter 11 is often used for reorganizing a business, but is also available to individuals. The provisions of chapter 11 are too complicated to summarize briefly.

Read These Important Warnings

Because bankruptcy can have serious long-term financial and legal consequences, including loss of your property, you should hire an attorney and carefully consider all of your options before you file. Only an attorney can give you legal advice about what can happen as a result of filing for bankruptcy and what your options are. If you do file for bankruptcy, an attorney can help you fill out the forms properly and protect you, your family, your home, and your possessions.

Although the law allows you to represent yourself in bankruptcy court, you should understand that many people find it difficult to represent themselves successfully. The rules are technical, and a mistake or inaction may harm you. If you file without an attorney, you are still responsible for knowing and following all of the legal requirements.

You should not file for bankruptcy if you are not eligible to file or if you do not intend to file the necessary documents.

Bankruptcy fraud is a serious crime; you could be fined and imprisoned if you commit fraud in your bankruptcy case. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Chapter 12: Repayment plan for family farmers or fishermen

| | \$200 | filing fee |
|---|-------|--------------------|
| + | \$75 | administrative fee |
| | \$275 | total fee |

Similar to chapter 13, chapter 12 permits family farmers and fishermen to repay their debts over a period of time using future earnings and to discharge some debts that are not paid.

Chapter 13: Repayment plan for individuals with regular income

| | \$235 | filing fee |
|---|-------|--------------------|
| + | \$75 | administrative fee |
| | \$310 | total fee |

Chapter 13 is for individuals who have regular income and would like to pay all or part of their debts in installments over a period of time and to discharge some debts that are not paid. You are eligible for chapter 13 only if your debts are not more than certain dollar amounts set forth in 11 U.S.C. § 109.

Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, usually using your future earnings. If the court approves your plan, the court will allow you to repay your debts, as adjusted by the plan, within 3 years or 5 years, depending on your income and other factors.

After you make all the payments under your plan, many of your debts are discharged. The debts that are not discharged and that you may still be responsible to pay include:

domestic support obligations,

most student loans,

certain taxes,

debts for fraud or theft,

debts for fraud or defalcation while acting in a fiduciary capacity,

most criminal fines and restitution obligations,

certain debts that are not listed in your bankruptcy papers,

certain debts for acts that caused death or personal injury, and

certain long-term secured debts.

Warning: File Your Forms on Time

Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information about your creditors, assets, liabilities, income, expenses and general financial condition. The court may dismiss your bankruptcy case if you do not file this information within the deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court.

For more information about the documents and their deadlines, go to: http://www.uscourts.gov/bkforms/bankruptcy_forms.html#procedure.

Bankruptcy crimes have serious consequences

If you knowingly and fraudulently conceal assets or make a false oath or statement under penalty of perjury—either orally or in writing—in connection with a bankruptcy case, you may be fined, imprisoned, or both.

All information you supply in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the U.S. Trustee, the Office of the U.S. Attorney, and other offices and employees of the U.S. Department of Justice.

Make sure the court has your mailing address

The bankruptcy court sends notices to the mailing address you list on *Voluntary Petition for Individuals Filing for Bankruptcy* (Official Form 101). To ensure that you receive information about your case, Bankruptcy Rule 4002 requires that you notify the court of any changes in your address.

A married couple may file a bankruptcy case together—called a *joint case*. If you file a joint case and each spouse lists the same mailing address on the bankruptcy petition, the bankruptcy court generally will mail you and your spouse one copy of each notice, unless you file a statement with the court asking that each spouse receive separate copies.

Understand which services you could receive from credit counseling agencies

The law generally requires that you receive a credit counseling briefing from an approved credit counseling agency. 11 U.S.C. § 109(h). If you are filing a joint case, both spouses must receive the briefing. With limited exceptions, you must receive it within the 180 days *before* you file your bankruptcy petition. This briefing is usually conducted by telephone or on the Internet.

In addition, after filing a bankruptcy case, you generally must complete a financial management instructional course before you can receive a discharge. If you are filing a joint case, both spouses must complete the course.

You can obtain the list of agencies approved to provide both the briefing and the instructional course from: http://justice.gov/ust/eo/hapcpa/ccde/cc_approved.html

In Alabama and North Carolina, go to: http://www.uscourts.gov/FederalCourts/Bankruptcy/BankruptcyResources/ApprovedCredit AndDebtCounselors.aspx.

If you do not have access to a computer, the clerk of the bankruptcy court may be able to help you obtain the list. Case 17-34954 Doc 1 Filed 11/22/17 Entered 11/22/17 11:18:15 Desc Main Document Page 58 of 65

B2030 (Form 2030) (12/15)

United States Bankruptcy Court Northern District of Illinois

| In r | Kevin A. Mathews Dana M. Mathews | | Case No. | | |
|------|--|---|-------------------------|------------------------------------|----|
| | - Juliu III. III. III. III. III. III. III. II | Debtor(s) | Chapter | 7 | _ |
| | DISCLOSURE OF COMPEN | NSATION OF ATTOR | RNEV FOR DE | RTOR(S) | |
| ı | | | | ` , | |
| l • | Pursuant to 11 U.S.C. § 329(a) and Fed. Bankr. P. 2016(compensation paid to me within one year before the filing be rendered on behalf of the debtor(s) in contemplation of | g of the petition in bankruptcy, | or agreed to be paid | to me, for services rendered or to | |
| | For legal services, I have agreed to accept | | \$ | 1,495.00 | |
| | Prior to the filing of this statement I have received | | \$ | 1,495.00 | |
| | Balance Due | | \$ | 0.00 | |
| 2. | \$_335.00 of the filing fee has been paid. | | | | |
| 3. | The source of the compensation paid to me was: | | | | |
| | ■ Debtor □ Other (specify): | | | | |
| 1. | The source of compensation to be paid to me is: | | | | |
| | ■ Debtor □ Other (specify): | | | | |
| 5. | ■ I have not agreed to share the above-disclosed compe | ensation with any other person | unless they are meml | pers and associates of my law firm | 1. |
| | ☐ I have agreed to share the above-disclosed compensa copy of the agreement, together with a list of the name | | | | |
| 5. | In return for the above-disclosed fee, I have agreed to re- | nder legal service for all aspect | s of the bankruptcy c | ase, including: | |
| | a. Analysis of the debtor's financial situation, and rendeb. Preparation and filing of any petition, schedules, statec. Representation of the debtor at the meeting of creditod. [Other provisions as needed] | ement of affairs and plan which | may be required; | | |
| 7. | By agreement with the debtor(s), the above-disclosed fee Representation of the debtor(s) in any di Anticipated fee of \$425.00 for possible re | schargeability actions, jud | | other adversary proceeding | |
| | | CERTIFICATION | | | |
| | I certify that the foregoing is a complete statement of any bankruptcy proceeding. | agreement or arrangement for | payment to me for re | epresentation of the debtor(s) in | |
| 1 | November 20, 2017 | /s/ Stuart B. Hand | lelman | | |
| 1 | Date | Stuart B. Handeln | | | |
| | | Signature of Attorne The Law Offices of | y of Stuart B. Hande | lman, P.C. | |
| | | 200 S. Michigan <i>A</i> Chicago, IL 60604 | Avenue, Suite 205 | | |
| | | Name of law firm | | | |

THE LAW OFFICES OF STUART B. HANDELMAN

A Professional Corporation

Marvens WWW.CHICAGOLANDBANKRUPTCY.COM

Stuart B. Handelman Jean M. Huang Kelly Smith

200 S. Michigan Avenue, Suite 205 Chicago, Illinois 60604-4398 Telephone (312) 360-0500 Fax (312) 360-1033

ADVANCE PAYMENT RETAINER FOR CHAPTER 7 BANKRUPTCY

I, (the Debtor, whether one or more parties), hereby retain The Law Offices of Stuart B. Handelman, P.C. ("The Attorney") to represent me in a Chapter 7 bankruptcy. I hereby give permission to The Firm to hire cocounsel, or independent contractors in my Chapter 7 bankruptcy. Debtor acknowledges receiving a copy of this contract.

The parties agree as follows:

1. Type of Bankruptcy.

Debtor retains Attorney to file a Chapter 7 bankruptcy case. If the Debtor determines at a later date that the Debtor desires to file a Chapter 13 bankruptcy case, the parties shall execute a new fee contract setting forth the terms of such representation.

2. Base Attorney Fees.

The base attorney fee for filing the Chapter 7 bankruptcy case is \$1,495.00. Debtor agrees to pay the base attorney fee by the agreed date of October, 2016. In the event the base attorney fee is not paid in full by agreed date, the base fee will increase \$200.00 per month. ALL RETURNED CHECKS ARE SUBJECT TO A \$25.00 PROCESSING FEE.

The base fee is based on the following assumptions:

- (a) The Debtor has provided the Attorney with complete and accurate information.
- **(b)** The Debtor's circumstances, particularly the Debtor's Current Monthly Income as defined by the Bankruptcy Code, does not change prior to the actual filing of the Chapter 7 Bankruptcy case.
- (c) The Debtor must pay the fee prior to the filing of the case. Debtor understands that no bankruptcy protection is in effect until the case is filed with the court.

If any of these assumptions prove to be inaccurate, and as a result the amount of legal services provided by the Attorney is increased, then the base attorney fee shall be increased accordingly and to compensate the Attorney for the additional time and services in providing the legal services. At such time, the parties must execute a supplement to this Agreement. If the Debtor refuses to sign such a supplement, then the Attorney-Debtor relationship shall be terminated and no Chapter 7 bankruptcy Case will be filed for Debtor by the Attorney.

Because of the extent and urgent nature of the work that we will be doing for you, we require a retainer, which is an Advance Payment Retainer ("APR"). This means that once received, the funds paid by you, will become the property of Firm and will not be deposited and held in a client trust account. Instead, the funds will be deposited in the Firm's general account and applied to the work we perform on your behalf. With other firms you may have the option of using a security retainer instead of an APR. Our firm is unwilling to undertake the

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engagement unless an APR is agreed to. By using an APR, funds paid to our firm will not be subject to attachment from your creditors.

3. Refund of Percentage of Base Fee.

In the event the legal services provided for herein are terminated by either party prior to the filing of a Chapter 7 bankruptcy case, then the Debtor may be entitled to a refund of some of the base fee. The refund shall be determined by the number of hours devoted by Attorney to the case prior to the time of termination computed at the rate of \$350.00 per hour; by the time devoted to the case by the Legal Assistants of Attorney computed at the rate of \$100.00 per hour; by adding all expenses incurred (such as copies, postage, securing records and documents, tax transcripts, credit reports, etc); and then by deducting the total amount of all charges from the Base Fee. If in the event the total of all such fees and charges exceed the Base Fee, the Debtor's liability shall be limited to the amount of the Base Fee.

Debtor's Obligations to Pay Designated Costs.

The Debtor shall be obligated to pay the following costs related to the filing of a Chapter 7 bankruptcy case. The costs are as follows:

(a) The fee of \$335.00 charged by the Bankruptcy Court to file a Chapter 7 bankruptcy case.

- (b) The cost of pre-filing consumer credit counseling, which is a prerequisite to filing for bankruptcy relief, which is approximately \$50.00 for an individual and no more than \$75.00 for a husband and wife.
- (c) The cost of a post-filing instructional course concerning personal financial management, which is a prerequisite to obtaining the Discharge of debts in a Chapter 7 case. The amount of this fee is not known at this time but should be consistent with the pre-filing credit counseling fees.

(d) The cost of obtaining any consumer credit reports.

- (e) The cost of obtaining tax returns or tax transcripts directly from the taxing authorities or from any third-party provider.
- (f) The cost of obtaining copies of judgments, deeds, deeds of trust, title certificates, court papers, county tax records, and other similar documents.

(g) The cost of securing any prior court records from the PACER system for federal cases.

- (h) The cost of securing any other records or statements not otherwise produced by or available to the Debtor.
- (i) Additionally, Debtor agrees to be prompt and attend all scheduled office consultations, including the appointment to sign the petition. Debtor understands that a fee of \$100.00 will be assessed if Debtor fails to appear or cancels an appointment within 1 business day of the scheduled meeting.

Services provided Under the Attorney's Base Fee.

The services of the attorney included in the base fee are those normally contemplated for a Chapter 7 case. They include the services listed below:

(a) All services reasonably necessary to fully inform the Debtor of the Debtor's rights and responsibilities under the Bankruptcy Laws.

(b) All services reasonably necessary to enable the Debtor to make an informed decision about the filing of a Chapter 7 bankruptcy case.

(c) Advising the Debtor of all available exemptions under any applicable law and assisting the Debtor in claiming the exemptions that best serve the Debtor's needs and desires.

(d) Assisting the Debtor in complying with all of the requirements imposed by the Bankruptcy Laws, the Bankruptcy Rules, or any Local Bankruptcy Rules.

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(e) Preparation and electronic filing of petition, schedules, supplemental local forms, and mailing matrix.

(f) Drafting and mailing notice to creditors advising of filing of case.

(g) Drafting and mailing to you a letter regarding your attendance at the Section 341 meeting of creditors and your other responsibilities.

(h) Preparation for and attendance at Section 341 meeting, either by an employee or an independent

contractor.

(i) Filing of any motions to avoid non-purchase money liens on exempt household goods and judgment liens that impair exempt property.

(j) Assisting the Debtor in carrying out the Debtor's Statement of Intentions, provided that the Debtor

pays the Non-Base Fee for any redemption.

- (k) Assisting the Debtor in complying with all proper and timely requests for information and/or documents by the Bankruptcy Trustee, the Bankruptcy Administrator, the Court, or other parties involved in the case.
- (l) Communicating as necessary with the creditors and other parties involved in the case (including their attorneys) to facilitate the administration of the case and the application of the Automatic Stay.
- 6. The Law Firm will not represent the Client(s) in any reaffirmation hearings where attorney believes the filing of such agreement constitutes an undue hardship and is not in the best interests of the Client(s). A reaffirmation agreement is a legally valid contract that if the Client(s) defaults post-discharge he/she could lose the collateral that is the subject of the agreement. A debt that is reaffirmed is not discharged in your bankruptcy case. The Client(s) has 60 days after an agreement is filed with the Court to rescind said agreement. If the Client(s) desires to reaffirm a debt, the Client(s) must file a proper motion with the Court. The Client(s) may do this without an attorney. If the Client(s) does not have a separate attorney to sign the certification, then the Client must get the Court to approve the agreement.

THE LAW FIRM WILL NOT CERTIFY ANY REAFFIRMATION AGREEMENTS WHERE THE BANKRUPTCY SCHEDULES SHOW THAT THE CLIENT(S) = MONTHLY INCOME IS LESS THAN THE CLIENT(S) = MONTHLY EXPENSES, REGARDLESS OF ANY OTHER CIRCUMSTANCES.

7. Compensation for Non-Base Legal Services.

For such non-base services, you may be charged without any further notice and in the discretion of the Court non-base fees for the following services and in the amounts noted:

| (a) | Amendments to Schedules & Court Fee | \$180.00 |
|-----|---|----------|
| (b) | Motion to continue the 341 meeting | \$225.00 |
| (c) | Defending a motion for relief from stay | \$450.00 |
| (d) | Motion for Redemption | \$350.00 |
| (e) | Motion to continue the Automatic Stay | \$450.00 |
| (f) | Motion to Avoid a Lien or Judgment | \$495.00 |

- (g) With respect to all other mattes, other than the contingent fee cases described below, the Attorney will keep time and expense records for any non-base service and apply to the Court for the approval of the fee plus all expenses incurred. The current hourly fee for your Attorney is \$255.00 and the current hourly fee for his Legal Assistant is \$125.00.
- (h) The attorney will be entitled to a contingency fee equal to 50% of any actual recovery from any party for a violation of the automatic stay, the discharge injunction, or for breach of any state or federal consumer protection statutes.

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8. Expenses.

The Attorney shall be entitled to apply to the Court for approval of any expenses related to your case for base fee or non-base fee services. Such expenses include but are not limited to court fees, telephone fees, fax fees, copy fees, postage fees, PACER fees, electronic or other research fees. In the Court's discretion, the Attorney may request without any notice or documentation a blanket expense of \$1.00 for each item noticed to creditors as an expense for postage, copying and envelopes.

9. Payment of Base and Non-Base Fees.

- (a) The Base Fee shall be paid in full prior to the time the Attorney begins any actual work on the Chapter 7 Petition and Schedules.
- (b) All fixed Non-Base fees must be paid in Advance of the Service by the Debtor.
- (c) Fees for services based on time and expenses shall be paid within 30 days of the Debtor's receipt of the bill for such services; provided, however, that the Attorney may require the payment of a retainer fee for non-base services that are expected to require more than 2 hours of the Attorney's time.
- (d) The Debtor understands that if the Debtor does not pay the non-base fees as provided in this Agreement then the Attorney has no obligation to provide the non-base services and has the right to file a motion to withdraw as the attorney for the debtor in the Chapter 7 case, the contested case, or the adversary proceeding.

10. Means Test Services.

With respect to the "means test" provisions imposed by Section 707(b) of the Bankruptcy Code, the base fee charged in this case is based on one of the four assumptions set forth below. The assumption that applies is designated by the initials of the Debtor placed after the Assumption.

- (a) The Debtor's debts are not primarily consumer debts and therefore the "means test" does not apply. The parties assume that no issues concerning the "means test" will arise in this case.
- (b) The Debtor's current monthly income as defined by the Bankruptcy Code is below the median income. The parties assume that no issues concerning the "means test" will arise in this case.
- (c) The Debtor's current monthly income as defined by the Bankruptcy Code is above the median income but the Debtor's expenses, as calculated under Section 707(b)(2)(A) are sufficient to rebut the presumption that the filing of a Chapter 7 case would be an abuse of the Bankruptcy laws. The parties assume that no issues concerning the "means test" will arise in this case.
- (d) A presumption of Bankruptcy abuse does arise in this case, but the Debtor and the Attorney will attempt to rebut the presumption by demonstrating extraordinary circumstances pursuant to Section 707(b)(2)(B) of the Bankruptcy Code. Attached to this Agreement is an Addendum setting forth an explanation of the Debtor's obligations in demonstrating extraordinary circumstances and the details of the parties' Agreement concerting fees for proceedings related to the establishment of extraordinary circumstances.

11. Debtor's Obligations.

The Debtor's obligations are as follows:

- (a) To promptly pay all Base and Non-Base Legal fees and charges.
- (b) To provide the Attorney with all requested documents, bills statements, payment advices, bank records, tax returns, tax bills, appraisals, retirement and savings account, and income information and to sign any and all necessary forms to allow the Attorney to secure such documentation.

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- (c) To provide accurately and honestly all of the information necessary to prepare and file the Chapter 7 bankruptcy case, and other motions or proceedings arising during the course of the case.
- (d) To timely respond to all letters, emails and telephone calls from the Attorney or any member of his staff.
- (e) To keep the Attorney advised at all times of the Debtor's mailing and physical addresses, telephone numbers, and email addresses.
- (f) To appear at the first meeting of creditors (the 341 meeting) and at any other court hearings or meetings as may be required by the Court or any other party.
- (g) To keep all scheduled office appointments with the Attorney and to notify the Attorney in advance of any problems with the timing and scheduling or rescheduling of such appointments.
- (h) To contact the attorney by Telephone with the understanding that the Attorney is only able to return calls between the hours of 8:00 a.m. to 9:30 a.m. and 4:00 p.m. to 6:00 p.m. If the Attorney is available when the call is actually received, then the call will be taken at that time. However, if you have to leave a message for the Attorney then you must provide a number that you can be reached at during the designated times. The Attorney or Legal Assistant will make every effort to return all such telephone calls within 48 hours, excluding weekends and holidays.
- (i) To provide any information requested of the Debtor by the Chapter 7 Trustee, the Bankruptcy Administrator, or any other party in the case, unless the Court rules that the Debtor is not required to provide such information.
- (j) To respond as soon as possible to any requests for the Debtor by the Attorney or his Legal Assistant.
- (k) To sign a tax authorization form to authorize the Attorney to get copies of income tax returns from the respective taxing agencies for a period of four (4) years prior to the filing of your bankruptcy case.
- (l) To provide current bank account information to include monthly statements as requested and online account balances as of the date of the signing of your bankruptcy petition packet.

12. Electronic Communications

You agree that we may provide you with any communications that we may choose to make available in electronic format, to the extent allowed by law, and that we may discontinue sending paper communication to you, unless and until you withdraw your consent by (a) speaking to an Attorney in the firm, and (b) sending a written notice to the Attorney withdrawing the consent for electronic communication.

Your consent to receive electronic communications and transactions includes, but is not limited to: correspondence regarding the status of your case, termination of our services, court orders, court results, notices, monthly (or other periodic) billing or account statements for your account.

You further agree to immediately notify us of any changes to your email address.

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13. Attorney Withdrawal from Chapter 7 case, Adversary Proceeding or Contested Matter.

Pursuant to the Local Rules of the Bankruptcy Court, the Attorney shall remain the responsible attorney of record for the Debtor in all matters in the case until the case is closed, dismissed or the discharge is entered or until the Attorney is relieved from such representation by order of the Court. The parties agree that just reasons for the Attorney to withdraw from the representation of the Debtor, include but are not limited to the following:

- (a) The failure of the Debtor to provide complete, truthful and accurate information to the Attorney.
- (b) The failure of the Debtor to comply with the Debtor's obligations as provided for in this Agreement and in the Local Rules.

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 The failure of the Debtor to comply with any of the obligations imposed on the Debtor by the Bankruptcy Code and the Bankruptcy Rules.
- (d) The failure or refusal of the Debtor to comply with the Debtor's obligations to provide any supplemental information to the Court or to the Chapter 7 Trustee or to correct any incorrect or incomplete information previously provided to the Court or the Trustee.
- (d) The failure of the Debtor to provide complete, truthful and accurate information to the Court, the Chapter 7 Trustee.
- (e) The failure of the Debtor to pay for all Non-Base fee services.
- (f) If the Debtor are husband and wife, then any separation, serious domestic dispute, or divorce of the parties.
- (g) Any irreconcilable conflict between the Attorney and the Debtor with respect to the case.

14. Non-Discharge of Certain Debts.

I have been told that some debts are not discharged by a Chapter 7 bankruptcy. I understand that some of the debts that are not dischargeable are (1) Certain tax debts and other debts or fines owed to governmental units, including parking tickets (2) Debts incurred by fraudulent means, including but not limited to, recent cash advances and other recent usage, (3) Accidents while driving under the influence of drugs or alcohol, (4) Alimony and child support, (5) judgment liens and liens on property, (6) Intentional torts, and (7) Credit card charges used to pay State or Federal Taxes, (8) Student Loans owed to the government and non-government agencies.

Debtor has been informed, and fully understands, the following restrictions regarding receiving a discharge in another bankruptcy once Debtor receives a discharge in this bankruptcy:

- (a) A chapter 7 Debtor may not be granted a discharge if a discharge was received under chapter 7 in a case filed within eight years of the filing of a chapter 7 petition. (Eight years between chapter 7 discharges).
- (b) A chapter 13 Debtor may not be granted a discharge if he/she received a discharge in a previous chapter 7, 11 or 12 filed within four years of the filing of a chapter 13. (Four years between chapter 7 and then a chapter 13 discharge).

Dated: July 16,

By:

The Law Offices of Stuart B. Handelman, P.C.

Dated: July 15, 2016

If a Joint Case:

Dated: July 15, 2016

Debtor:

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United States Bankruptcy Court Northern District of Illinois

| In re | Kevin A. Mathews Dana M. Mathews | | Case No. | |
|-------|--|----------------------|---|--|
| | Suna III. Muunetto | Debtor(s) | Chapter 7 | |
| | VERIFICATION OF CREDITOR MATRIX | | | |
| | | Number of | Number of Creditors: 30 | |
| | The above-named Debtor(s) hereby verifies that the list of creditors is true and correct to the best of m (our) knowledge. | | | |
| Date: | November 20, 2017 | /s/ Kevin A. Mathews | | |
| | | Kevin A. Mathews | 110 110 110 110 110 110 110 110 110 110 | |
| | | Signature of Debtor | | |
| Date: | November 20, 2017 | /s/ Dana M. Mathews | | |
| | | Dana M. Mathews | | |
| | | Signature of Debtor | | |